ABSTRACT
OF
Clinical Lectures
ON
VENEREAL DISEASES,

Delivered in University College Hospital,

BY BERKELEY HILL, M.B., F.R.C.S.,
SURGEON TO THE HOSPITAL.

No. II.
EARLY SYPHILIS.

BEFORE showing to the class examples of syphilitic eruptions, the lecturer sketched an outline of the ordinary course of the disease, omitting any description of chancres, which will be demonstrated with other venereal sores on another occasion. After contagion, if the vehicle of the virus be an irritating secretion, such as the matter of a chancre, irritation is at once set up at the point of contagion, and a suppurating sore is produced of more or less active progress; or, if the vehicle is not irritant, no change is immediately apparent at the point of entry. The abrasion or puncture heals and disappears during the incubation stage. Hence either no change whatever is apparent during the incubation, or the interval is occupied by local processes not necessarily connected with the disease. This period of quiescence varies within certain limits; but in thirty-nine experimental cases of inoculation, twenty-five days was the most common length. When incubation ends, changes distinctive of the disease commence; the tissue round the point of entry grows hard and elevated, the simple suppurating sore becomes a hard-based indolent one, or, should all local irritation have already subsided, a reddish-brown papule develops, which sometimes ulcerates, but also often remains quite dry and covered by a thin scab. After induration has begun at the point of entry—usually about eleven days afterwards,—the neighbouring groups of lymphatic glands undergo general enlargement. While acquiring this increased size, slight tenderness may attract the patient's attention to what is going on; commonly, he is quite unaware of any change in his lymphatic glands. The next phenomenon is the general eruption. When four or five weeks more have elapsed, during which the patient either enjoys apparently good health, or, less frequently, is conscious of lassitude, inappetence, and even headache or febrile disturbance, an eruption, usually of a macular kind, appears suddenly on the trunk, spreading in severe cases over the whole body, head, and limbs. After changing hue from red to brown, this rash fades in two or three weeks; while departing, it is replaced by a less general eruption of scaling papulæ, or syphilitic psoriasis. On the mucous membrane of the fauces simple red congestion is common while the roseola is present; with the papulæ, small white elevated patches or erosions occupy the fauces. Emaciation and loss of strength, if not already present, may now set in, but not invariably, for the patient often retains good bodily vigour to the end. In the course of two or three months, sometimes in less, the papulæ and erosions disappear, and the patient thinks himself recovered. But usually, at intervals during the next two years, fresh scaling papules are developed; no longer, however, widely scattered over the body, but limited to isolated groups, besetting certain favourite localities—such as the limbs, the root of the neck, the nucha, and forehead along the scalp. During this period the margins of the outlets of the body, in women especially the vulva, are liable to be the seat of elevated and often fissured broad papulæ, which, owing to the naturally vascular structure of those parts, and to their being frequently moistened, grow bright-red, and secrete a thin, very contagious discharge. In severe cases, iritis, periosteal pains, or ulcers of the skin often appear at this period of the disease. When a year and a half or two years have elapsed, all symptoms usually cease: the poison is extinct, and the patient remains through life free from further trouble. One single advantage has been acquired—namely, protection against further contagion; for in syphilis, as in other eruptive fevers, a second contagion is extremely rare.

Were these the only consequences of syphilis, it would be a trifling disorder; but in a certain number of cases the disease keeps hold of the patient, and, attacking one tissue after another, gradually exhausts his strength. Moreover, its activity may cease for years, and then, probably through some change in the patient's bodily system, be roused into new vitality, may attack some organ essential to life, or be transmitted to his children; by which action, if it do not destroy life directly, it so deteriorates the structure that a passing inflammation annihilates the organ, and death ensues. Compared with the number infected, such cases are happily rare: how rare, the following may help us to comprehend. Boeck, the Norwegian surgeon, has given in his "Recherches" a large statistic of persons whose cases, untreated by mercury or other specific, allow us to observe the natural course of the disease. In 3560 cases, 2131 had cutaneous affections; 601 had affections of the fauces; 50 had iritis; 33 had affections of the bones, and 16 had gummy internal tumours. Though probably the proportion of severe to mild cases is not everywhere the same, this return shows that only a small proportion of those attacked are subject to the damaging sequelæ of syphilis. Yet so common, so almost universal, is syphilis, that the actual amount of permanent mischief and mortality it causes is very great.

The rashes of the skin in syphilis, or syphilides, have been named as they resemble the several idiopathic eruptions. But they are distinguished from their prototypes by many characters common to them all. They are bad representatives of their class—that is, for instance, the pustular forms do not produce good pustules, nor do the scaling forms desquamate freely. Then almost all syphilitic rashes begin in a solid elevation. Irritation and smarting are rare even in those forms which most resemble the itching eruptions. The favourite localities of syphilitic rashes are not those of the corresponding ordinary rashes. For example, idiopathic psoriasis selects the outer aspects of the limbs and rougher parts of the skin; scaling syphilides prefer the delicate skin of the root of the neck, and the flexures of the joints, and leave the elbows and kneecaps free. The several varieties of syphilides are present together; hence are called polymorphic. The colour of syphilides is less distinctive than is usually supposed. Their most characteristic hue is that of raw lean ham; but in early rashes it is often rosy, fading to brown or coppery as the eruption dies away. Easily dispersed by proper treatment, syphilides almost as easily recur again and again, if treatment is discontinued before the disease becomes extinct. Specimens of nearly all the eruptions on the skin were then brought before the class. Roseola in its two varieties of large and small spots, appearing while the sore and glands were still indurated; of the scattered papular syphilides were shown, the variety of minute papules widely spread over the back and loins, forming S. lichen; that of papules as large as a lentil, S. lenticularis; papules desquamating by a loose silvery border instead of by closely-set imbricating scales (the desquamation of idiopathic psoriasis), called S. psoriasis if scattered, and S. lepra if arranged in groups of circular or serpentine shape. The change of dry scaling papules into mucous patches was also demonstrated; some completely dry, some dry at one part and moist at another, and some secreting a copious thin pus. Though not usual situations, in fat persons the umbilicus, the skin beneath a pendulous mamma, and even that of the back of the neck if chafed by a dirty chignon, are moist enough to produce mucous patches. Attention was also called to examples of vesicular and pustular syphilides, the chief characteristic of which is the solid papule on which the vesicle forms; rupia and pemphigus being perhaps exceptions, though with the former there are generally present solid papules melting away in ulceration.

Dismissing the patients, the lecturer then made a few remarks on the treatment of early syphilis, in which he said the following points must be borne in mind. "First, as the disease does not show itself until the incubation has passed, it is impossible to prevent the disease by destroying the sore. At one time Ricord maintained that this could be done, on the score that constitutional disease never followed a sore destroyed within five days after contagion. This was when the incubation of syphilis was not recognised; hence

his error. Ricord was working with local sores—those that appeared within five days after contagion. Few hold this belief now. Next, it must not be forgotten that in most cases, not in all, the patient would get well ultimately, though less speedily, if no medicine were given. Thirdly, that any habit or state of the system which lowers the patient's vigour increases the hold of the poison, and the liability to severe forms of the disease. Lastly, that at present we cannot in any particular case foretell with certainty whether it will be among the few severe, or among the many slight, ones. For this reason no case of syphilis should be allowed to run its course uncontrolled. Moreover, by persevering treatment, the poison may be rendered inert in every one, and its dangerous effects prevented. Acting on these principles, we have to preserve the bodily vigour, to control the poison, and to dissipate the several affections of the disease as they arise. For this are needed good food, abstinence from alcoholic excess (the less taken the better), abstinence from violent exercise (such as training for athletic sports, rowing matches, late dancing parties, &c.) Moderate exercise is advantageous, and the patient should be urged to follow his ordinary avocations that he may not be low-spirited about his disorder.

"For specific treatment, we come to the question of employing mercury. Now, without detaining you with the arguments for or against the use of mercury, the following effects, it is agreed, result from giving mercury in early syphilis. By it induration is dispersed speedily from the point of entry and from the lymphatic glands; the arrival is delayed and the departure hastened of the roseolar, papular, and other rashes; and a few doses dissipate the malaise that precedes the eruption in a most remarkable manner. The drug need never cause permanent injury, even when it cannot be tolerated, as sometimes happens. By watching the patient carefully, by giving him small quantities, and by warning him not to take the drug unknown to his doctor, no results more injurious than a passing inflammation of the salivary apparatus or an attack of diarrhœa need ever occur, and even these most rarely. Several of you have seen a very interesting case of syphilitic inoculation at the upper lip now attending among the out-patients, where an excavated ulcer with thickly-spread roseola were evident when he applied for treatment. Four grains of grey powder were taken twice daily for four days; then slight signs of salivation appeared, and his mercury was at once stopped. Yet considerable swelling of the gums and salivary discharge set in; and, what is worse, the dry tuberculated eruption began to melt away by ulceration, and the sore on the lip began to extend across the mouth. The effect of the mercury subsided in a few days, and the patient is now making good progress under iodide of potash. In this case, nevertheless, the ordinary indications for mercury were present—a dry, rapidly extending rash at an early stage of the disease, and the patient in tolerable health. To ensure the proper effect of mercury, give the drug, at first, but once daily; in four or five days, if this amount is insufficient, give a second dose. The quantity sufficient in most cases is five grains of blue-pill in male adults, and two grains in females and lads, every twenty-four hours; of more active forms much less—thus, one grain and three-quarters of a grain of the green iodide, four grains and three grains of grey powder, or one-third of a grain and one-sixth of a grain of perchloride. The influence of the drug is best known by the behaviour of the syphilide: if the colour fade quickly to dull-brown, if the papules soon sink to the level of the skin, or the induration of the sore passes away, enough mercury is being absorbed, even if the gums do not swell. Most people require no further effect than this; but in a very few nothing short of violent salivation affects the disease. For example, two years ago a patient was at the Lock Hospital with tubercular eruption on the nose, &c. She had been attending there longer than I—ten or twelve years I think,—gaining only transitory benefit from various combinations of mercury, iodide of potash, and sarsaparilla. On one occasion I ordered her to rub in ten grains of mercurial ointment every night; it was lucky I ordered so small a quantity, for, having already often rubbed in ointment, she preferred to swallow the dose by way of variety. As closely as we could ascertain, she took about two drachms of ointment, and was for a fortnight tortured with salivation, losing two of her teeth. But her syphilide vanished, and as the mercuric poisoning wore off she regained her good looks, and has enjoyed good health ever since. She now and then takes a few doses of iodide of potash, and when applying at the hospital for the medicine we are able to record her condition. This is not the only case where I have seen an inadvertent salivation beneficial. From feeble persons with a pustular syphilide, mercury must be withheld until a more robust condition is attained through tonics and iodide of potash. Then, if the syphilide is still present, mercury may be given with advantage, if precautions be taken, even to scrofulous patients or persons with phthisical disease. Mercury acts with equal efficacy on syphilis when introduced through the skin as by the stomach, and, though more troublesome, it may be resorted to in those whose alimentary canal is greatly disturbed by the opium necessary to prevent purgation, or when that passage does not absorb the mercury. The mercurial vapour-bath may be used every night until the requisite effect is produced, then thrice weekly at bedtime. A scruple of calomel is volatilised in an atmosphere of steam in which the patient is enveloped, as you see going on in that corner. After the bath the patient should lie an hour or two in a blanket till the perspiration has subsided. In the morning he may, without detriment to his treatment, take his usual sponge or soap bath. This indulgence is by many forbidden; but I find that the mercury is absorbed as effectually, and the clean skin is a great comfort to the patient. If a scruple produces no effect, the quantity volatilised may be increased to a drachm, or even two drachms. If inunction is preferred—and it requires no apparatus,—an ounce of mercurial ointment should be divided into twenty-four packets, and one packet rubbed steadily for about ten minutes into the flank or inside of the thighs every night, changing the locality of the inunction frequently. Hospital patients often rub the ointment into the patches of eruption, and I think sometimes with good effect. Don't debar the patient from his morning tub here also, nor need he be confined to the house or from business. But he should be carefully watched, for the vapour-bath and inunction may cause severe salivation if continued too long. A preparation better known abroad than in this country is very useful in extremely obstinate cases of scaling syphilide—Zittmann's stronger decoction; the one holding mercury in solution. It is made as follows:—Macerate twelve ounces of sarsaparilla for twenty-four hours in three gallons of cold water, then suspend in the water a linen bag containing six drachms of alum, six drachms of white sugar, four drachms of calomel, and one drachm of prepared cinnibar. Boil the whole continuously, adding gradually four more gallons of water, and evaporate to two gallons. Remove the bag, and add to the decoction four drachms of anise seed, as much fennel seed, and an ounce and a half of senna and of liquorice. Then press and strain. From one to two quarts of this decoction should be drunk in twenty-four hours. The course lasts six weeks, and includes a regimen of confinement to the house, twelve hours per day in bed, and a vapour-bath for ten minutes on going to bed every night to excite perspiration. The diet should consist of two or at most three light meals per diem, without any alcohol. This somewhat tedious method is not adapted for osseous affections, or deep ulcers of the skin, being too debilitating in its effect."

The lecturer then explained the proper cases for iodine in early syphilis, but as his experience on this drug has been recently narrated in THE LANCET, it need not be repeated here.

OBTURATOR HERNIÆ.—Dr. Edward Cruveilhier recently exhibited to the members of the Surgical Society of Paris a preparation obtained from a patient eighty-one years of age, who had all the symptoms of strangulated hernia without offering the slightest sign of a protrusion about the rings, &c. When alarming symptoms set in M. Cruveilhier opened the colon. The evacuations were very abundant and offensive, and the woman was much relieved. She could then take a little broth. But the former symptoms soon recurred, and the patient died. On an inspection it was found that a knuckle of bowel had been passing through the obturator foramen, but very partially, being, in fact, only pinched. The very small size of the strangulated portion explains the non-discovery of the actual nature of the case.

ON THE

FUNCTIONS OF THE SYMPATHETIC SYSTEM OF NERVES, AS A PHYSIOLOGICAL BASIS FOR A RATIONAL SYSTEM OF THERAPEUTICS.

BY EDWARD MERYON, M.D., F.R.C.P.,
LATE LECTURER ON COMPARATIVE ANATOMY AT ST. THOMAS'S HOSPITAL.

(*Continued from page 572.*)

IN M. Claude Bernard's experiments on the sympathetic nerves, the results of which he communicated to the French Academy,* the interesting fact was educed, that whenever the sympathetic nerve in the neck of a rabbit is divided an elevation of temperature occurs in the tissues on the corresponding side of the head, amounting to 7° Fahr. when contrasted with the uninjured side. This increase of heat was plainly perceptible by the hand, and admitted of accurate measurement by the introduction of the bulb of a thermometer within the nostril or into the external auditory meatus. The whole body shared, to a certain extent, in this development of heat, and exhibited evidence of a temperature exceeding the natural standard; but it was most evident on the side of the neck where the sympathetic had been divided, and least so on the opposite side where it had been left uninjured. The mercury rose to 72° Fahr. on the affected side, but only to 68° on the uninjured side. Nor was this elevation a transitory phenomenon, for it continued with remarkable steadiness until the animal was killed, and even after death the side of the neck on which the experiment was practised was the last part of the body to lose its vital heat. In some other cases the increased heat disappeared; but in no instance was there œdema, nor any morbid phenomenon resembling inflammation.

In addition to the above phenomena, M. Bernard subsequently noticed an increased temperature of the cerebral hemispheres, as well as of the blood itself in the internal jugular vein on the side in which the sympathetic nerve had been divided.†

Dr. W. Ogle communicated to the Royal Medical and Chirurgical Society the history of a suppurating tumour in the neck of a man which produced a lesion equivalent to a division of the cervical sympathetic.‡ In this case the ear on the affected side was redder, and warmer by two degrees Fahrenheit, than that on the opposite side; and there was a total cessation of cutaneous secretion on the right (*affected*) side of the face, head, and neck, although the skin of the right cheek was pinker than that of the left.

We may infer, then, that the disseverance of the minute arteries from the influence of the nerves of Remak is productive of increased vascularity and an elevation of the temperature of the parts so disconnected.

M. Claude Bernard exposed in a dog the gustatory nerve, the chordæ tympani (before they receive communicating branches from the lingual nerve), and the submaxillary ganglion. Having thus before him a sensory nerve, a motor nerve, and a ganglionic centre, he divided the gustatory nerve, and the secretion from the gland was immediately stopped. He then pinched the centripetal end of the cut nerve which communicates with the brain, and a large quantity of saliva was secreted, whilst the ducts of the parotid and sublingual glands remained dry.§ He subsequently varied the experiment by isolating the submaxillary ganglion entirely from the brain and the spinal cord. He then inserted a tube into the Whartonian duct, and communicated a weak current to the peripheric end of the divided nerve. Every time that this was done a drop of saliva was seen to fall from the tube. Thus secretion was arrested by section of the tympano-lingual nerve, and reproduced by the stimulus of electricity communicated to it. When applied to the centripetal end of the divided nerve, the electric current had no effect.

These experiments supply us with something like evidence from which to infer that secretion may be, in some way or other, dependent on cerebro-spinal influence; and as the nerve-current of a sensitive nerve, on which the first experiment was performed, is centripetal, the irritation of pinching the central portion of the cut nerve could only be conveyed to the gland by the reflex action of the returning motor nerve. Whereas when the ganglion was entirely isolated from the brain and spinal cord, secretion was re-established by communicating an electric current through the peripheric end of the combined motor and sensory nerve. But the electric current has no effect when applied to the peripheric portion of a divided sensory nerve; and we are therefore warranted in the assumption that it is through the influence of the motor nerve that secretion is re-established.

Something more, however, is suggested to the mind by the fact of the ducts of the parotid and sublingual glands remaining dry, whilst the Whartonian duct poured out saliva; and that is, that every gland stands in relation to a special act, and that its function is determined by a special and independent influence.

In another dog M. Claude Bernard exposed the nerves and ganglion as before; but, instead of the nerves, he made a section of the ganglion, and left the commingled nerves going to the tongue intact. The secretions of the gland immediately increased and became continuous, and the amount of saliva was still more increased by the application of an excitant to the tongue. But the influence of this latter operation can only be effected by reflex action, as in the case of stimulating the central cut end of the gustatory nerve through the sensory or centripetal nerve-fibres, and back again through the centrifugal or motor fibres to the gland.

And such is the result of similar experiments upon every secreting organ in the animal body, only in some they may be made more satisfactorily than in others.

If the facial nerve be divided as it passes out of the stylo-mastoid foramen, the secretion of the parotid gland is immediately arrested; but if that nerve is left uninjured, and the nerves of Remak (which proceed from the superior cervical ganglion to be distributed to the ramifications of the internal maxillary artery) are cut, the secretion of saliva goes on more abundantly and continuously. It has also been observed that, when the floor of the fourth ventricle is slightly wounded in the immediate vicinity of the nuclei of the fifth pair of nerves, well-marked salivation from the parotid glands is set up. If the wound be in the mesial line, ptyalism is induced on both sides; but if the wound be on one side, then the increased secretion is occasioned in the parotid of the opposite side.*

The results of these experiments are strictly in accord with those on which I have already commented: arrested secretion by section of the motor fibres of the vaso-motor nerves, increased secretion by section of the fibres of Remak, and increased secretion by excitation of the sensory nerves.

M. Claude Bernard divided the sympathetic in the upper part of the dorsal region of a horse; a greatly increased vascularity was the immediate result, and the corresponding parts of the surface were bathed in sweat.†

He also found considerable distension of the pericardial vessels, and serous exudation from them, after injuring the cardiac ganglia of the sympathetic. This experiment was repeated and verified by Schiff; and Remak explained the phenomena by the assumption that when the bloodvessels are deprived of the inhibitory influence of the sympathetic nerves proper, they dilate and allow blood-corpuscles to penetrate into those minute arterioles through which blood-plasma only should be propelled.‡

On injuring the solar plexus, or on dividing the main trunks of the sympathetic, Budge ascertained that the circulation of the blood in the liver is increased and the secretion of bile augmented, and in two cases he found the liver itself enlarged. On extirpating the mesenteric plexuses

* Comptes Rendus, vol. xxxiv., p. 472. Fevrier, 1852.
† Mémoires de la Société de Biologie. 1853.
‡ Medico-Chirurgical Transactions, vol. liii., p. 161. 1869.
§ Comptes Rendus, vol. xxxiv., p. 474.

* Medical Times and Gazette, 1860, p. 302.
† Ibid., 1861, p. 644.
‡ The ulterior stages of inflammation have been still further explained by Waller, Reicher, Cohnheim, and Stricker, by the proposition that pus-corpuscles are nothing but the colourless blood-corpuscles filtered from the blood through the walls of capillary vessels. In a very elaborate paper contained in Virchow's *Archiv* for Sept. 1867, Cohnheim demonstrates the truth of this proposition by exciting inflammation in the peritoneum of frogs.

in rabbits, the fæcal pellets became so soft that none of the ordinary rounded masses were found in the rectum. The fæces were pulpy, and covered over with a slimy mucus.*

Jaschkowitz, by dividing the sympathetic nerves of the spleen in cats and dogs, caused an increased flow of blood to that organ, and a copious deposit of hæmatin pigment in its cells.†

In the experiments instituted by Bernstein on the pancreas, he discovered that, notwithstanding the absence of secretion in that organ during fasting, on dividing the sympathetic nerves going to it a continuous flow of pancreatic fluid is produced.‡ The originating power of the ganglionic centres is indicated by the fact, that when secretion is thus artificially produced it is not arrested by placing the animal under the influence of woorara. The special relation, moreover, in which the action of the pancreas stands to the digestion of food, increasing immediately after a meal, attaining its maximum about three hours after, and then gradually diminishing,§ shows the local centralisation of nervous influence.

The structure of the kidneys is almost suggestive of the function of each component part.

The Malpighian tufts, and the special capillaries surrounding them, shut up within the Malpighian capsules, in which there is but little of epithelial cell structure, exhibit the most perfect contrivance for that simple and independent filtration of fluid which is known as exosmose—a simple outpouring of the watery part of the blood into the capsules, to flush, as it were, the tortuous tubuli uriniferi in front.

The contorted tubuli, surrounded by *their* special capillaries, to which the ultimate fibres of the renal plexus have been traced, and constructed of basement membrane, lined with the rounded, glandular variety of epithelial cells, indicate a secretory structure; and here, undoubtedly, it is that the salts which characterise the urine are eliminated from the blood.

Section of the splanchnic nerves, as performed by Eckhardt, induces hyperæmia of these latter capillaries, albuminuria, and increased renal secretion; and Dr. James Tyson, of Pennsylvania, has shown that by section or stimulation of the gangliated nerve-fibres, the terminations of which he has traced to the minute vessels surrounding the contorted tubuli uriniferi, he produced either distended vessels and an abundant secretion, or a diminished and slower blood-current and a corresponding secretion.

The question as to which of the three forms of nerve-fibres it is that is subservient to the special function of the secretory tissues admits of a positive answer. It cannot be the fibres of Remak, because when they are cut secretion is increased; neither can it be the sensory fibres, for they are centripetal nerves, and their influence can only be of a reflex character. The motor fibres are those only which, going to a gland, cannot be cut without destroying secretion; and those fibres, therefore, must be the cause or condition of the phenomenon. The sensory nerve-fibres may endow the secretory cells with their vital sense, as exemplified in Bernstein's experiments on the pancreas; but the motor fibres must be immediately concerned in supplying blood for increased secretion.

The following case is illustrative of my inference. R. de L——, aged forty-three, presented herself at the Infirmary for Epilepsy and Paralysis in July, 1869, complaining of spasm of the muscles supplied by the facial nerve on the left side. Some two years before she had a severe headache, after which she awoke one morning with her mouth drawn to the left side, with a feeling of stiffness, but no anæsthesia. From that time any extraordinary action of the muscles of the face induces a contraction of the buccinator, masseter, digastric, stylo-hyoid, and orbicularis palpebrarum muscles. The act of sneezing, gaping, or blowing her nose, will produce this spasm, which continues for five or six minutes, when the face regains its tranquil appearance. She has occasional dyspnœa, *a copious flow of saliva from the left parotid gland*, and the left side of the face and head often sweats when the right does not.

(To be continued.)

* Nova Acta, Acad. Cæs. Leop. Car. Nat. Cur., xix., p. 257, 1860.
† Jaschkowitz de Discissionis Plexus Lienalis efficitate in Lienem.
‡ Sächs Akad. Sitzungberichte Math. Phys. Class, 1860.
§ Arbeiten aus der Physiologischen Anstalt zu Leipzig, Vierter Jahrgang, 1869.

NOTES OF A

CASE OF PHTHISIS AB HÆMOPTOË (!)

WITH REMARKS.

BY J. B. BRADBURY, M.D., M.R.C.P.,
PHYSICIAN TO ADDENBROOKE'S HOSPITAL, CAMBRIDGE.

EVERY practical physician will acknowledge that it is of great importance that the question should be settled, whether blood-spitting is ever a cause of phthisis or not. It is to be hoped that those who have opportunities of watching cases bearing upon this important subject will avail themselves of them by carefully recording notes of the cases which come under their observation, and publishing them, with a view of arriving at the precise relation between hæmoptysis and phthisis.

The following case seems to me important in this respect, and consequently I offer no apology for bringing the following notes of it before the profession.

John G——, aged thirty-one, single, by occupation a porter, was admitted under my care April 11th, 1871. No family history of phthisis. Patient acknowledged that he had been intemperate. He had never had syphilis, but he had an attack of gonorrhœa about five years ago. Always had good health, with the exception just mentioned, till August 1st, 1870, when he began to cough and raise blood. He about this time, on several occasions, brought up about a quarter of a pint of blood at once. Soon after this he commenced to lose flesh, but his appetite was pretty good. He has never had epistaxis. At the beginning of January last he had another attack of hæmoptysis, for which he was treated by one of my colleagues, and which left no trace of pulmonary disease behind it except some slight consolidation of the upper lobe of the left lung, as was evidenced by bronchial breathing over the spine of the left scapula, and very slight dulness on percussion over the same region. On March 28th he began to spit blood again, and the hæmoptysis was repeated daily to the time of his admission, varying in quantity from several ounces to a few streaks. At this time he had no pain in his chest, but complained of shortness of breath. Although he said he had wasted, he still appeared to be a very muscular man. Chest remarkably well formed. There was no flattening under the clavicles, and no difference in the expansion of the two sides of the chest during inspiration. There was feeble breathing on the right side of the chest anteriorly, but no other abnormal sound could be heard there on auscultation. The breathing was rather jerky on the left side, but this was probably due to nervousness. The percussion note was slightly less resonant under the right than the left clavicle. Medium-sized crepitation and rhonchus were heard over the spine of the scapula on the right side, and over this area there was also slight dulness on percussion. There was no cardiac disease.

On the evening of his admission (April 11th) the temperature was 102·2° F.; on the following morning 102°. He was ordered beef-tea and milk for diet, to be given as cold as possible, and the following mixture: dilute sulphuric acid, fifteen minims; tincture of hyoscyamus, thirty minims; sulphate of magnesia, ten grains; peppermint-water, one ounce; to be taken three times daily.

On April 14th he again coughed up 4 oz. of florid blood; the cough became very troublesome. A little medium-sized crepitation was now heard under the right clavicle, and a very little rhonchus and crepitation over the spine of scapula on the same side. Instead of the sulphuric acid I prescribed the following pills to be taken every four hours: gallic acid, ten grains; of glycerine a quantity sufficient to make two pills.

On the 15th the hæmoptysis was repeated to the extent of a quarter of a pint. He attributed the expectoration of blood to the troublesome cough. Crepitation and feeble breathing heard over the whole of the right side of the chest anteriorly; voice sounds rather more distinct on right than left side. Complained of flatulence. In addition to the pills he was ordered to take fifteen minims of the liquor of hydrochlorate of morphia every six hours, with the view of relieving the harassing cough. He was also recommended to swallow ice; and to drink soda-water to relieve the flatulence.

On April 16th, between 1 and 2 A.M., he coughed up 2 oz. more of florid blood. Cough less troublesome; physical signs unaltered; bowels regular. Instead of gallic acid and morphia, the following mixture was prescribed:—Acetate of lead, two grains; dilute acetic acid, fifteen minims; tincture of opium, five minims; water to one ounce: six times a day.

On the following day the patient said he had slept better. He had only brought up a few streaks of blood, with frothy expectoration not unlike that of acute bronchitis. The rhonchus and crepitation were not so distinct over the spine of the scapula on the right side. Physical signs in front remained the same.

April 18th.—Cough prevented him from sleeping. Expectorated three small clots of blood, not a teaspoonful in all. A linctus to be used when the cough is urgent. He wished to have mutton-broth instead of beef-tea.

19th.—Slept well; cough less troublesome; expectoration still slightly blood-tinged; pulse feeble; bowels relieved daily.

20th.—Slight eruption of acne on the nose; tongue coated; crepitation on the right side anteriorly more marked; expectoration very slightly tinged with blood. Ordered, at his own request, another pint of milk instead of mutton-broth.

From the time of his admission (April 11th) to the 20th of April the evening temperature averaged 102° F., the morning being about 1° lower. From the 20th to the 30th, with two or three exceptions, the temperature gradually declined; and on the latter day the temperature was 0·8° F. lower than normal.

On April 25th a mixture containing twenty minims of dilute sulphuric acid, five minims of tincture of opium, and one ounce of water, to be taken three times a day, was substituted for the lead mixture. All medicine was discontinued on April 29th.

The following note was made on May 1st:—Still expectorates at times a small clot of blood. Expectoration very little in quantity, and not muco-purulent. The râles over the front of the chest on the right side are still audible, and the percussion note is slightly less resonant. Breathing on this side is feeble. There is decided dulness over the spine of the scapula on this side, and also medium-sized crepitation above the spine of the scapula. Nothing abnormal can be heard on the left side except a little tubular breathing over the spine of the left scapula. Tongue clean; eats a slice of meat at dinner; cough rather troublesome; no complaint of dyspnœa.

From May 1st to May 3rd there was a gradual rise of temperature. On May 3rd and 4th there was hæmoptysis to the extent of about 1 oz. each day. The patient was sick on the 3rd, and looked very pale; the tongue became coated, appetite bad, and the cough was very troublesome; physical signs unaltered. He was again ordered the lead mixture and morphia draught.

May 10th.—The temperature was 99° in the morning, and 99·2° in the evening. Expectoration still continued to be slightly streaked with blood. Physical signs on the right side remained the same. Medium-sized crepitation was heard for the first time on the left side in front; heard all over this side anteriorly, but most markedly a little above and to the left of the nipple. Omitted the lead mixture, and substituted for it a sulphuric-acid mixture, similar to that ordered on April 25th.

17th.—Patient has continued to improve since the last note, although for the last four days the temperature has been rising. For the last five or six days the expectoration has been free from blood. No crepitation could now be heard over the left side of the chest anteriorly, and only a few moist râles on the right side in front. Posteriorly no crepitation was audible. The patient complained of slight sore-throat, probably due to cold north-east winds which prevailed about this time.

From May 18th to May 27th there was a recurrence of the bleeding; the patient brought up blood daily in quantities varying from 16 oz. to ¼ oz. These attacks of pulmonary hæmorrhage were attended with considerable elevation of temperature, and an aggravation of the pulmonary symptoms. The lead mixture and morphia draught at bedtime were again prescribed.

24th.—There was much less movement of the chest on the right side than on the left; and a patch of recent lobular pneumonia could be detected on the left side, at a point midway between the clavicle and the nipple. The breathing at both bases behind was free from crepitation, but distinct on the right side. Instead of the lead mixture and morphia draught, I now prescribed ten grains of compound ipecacuanha powder, to be taken every night; also twenty minims of dilute sulphuric acid and ten grains of gallic acid in an ounce of water, to be taken every six hours.

25th. — Passed the best night he has done for a week. Cough has been less troublesome, and the quantity of blood expectorated has been slightly less.

30th.—For the last two days the expectoration has been only slightly streaked with blood. He has been very sick, and vomited on two successive evenings after taking the Dover's powder; this sickness probably checked the hæmoptysis. There was now decided dulness over the right side of the chest, and also over a small patch of lobular pneumonia in the upper lobe of the left lung.

31st. — The compound ipecacuanha powder and mixture containing gallic and sulphuric acids were suspended, and the following substituted: five grains of alum and twenty minims of dilute sulphuric acid in an ounce of water, to be taken thrice daily.

June 2nd. — The evening temperature on this day was 103° F. Patient's cough was exceedingly troublesome. To relieve the cough I prescribed the following mixture: one grain of acetate of morphia, one ounce of spirits of chloroform, and two ounces of acacia mixture; a teaspoonful to be taken when the cough was urgent.

3rd.—No improvement, so a blister was applied over the patch of lobular pneumonia on the left side. The application of the blister was followed by a diminution of temperature for one day, but on the evening of the 5th the temperature was again 103° F. Since the last attack of hæmoptysis the pulse has also increased in frequency, being on the 3rd and 4th 120 per minute.

8th.—Patient felt much weaker, and perspired very much; had also lost his appetite. He was ordered a mixture containing fifteen minims of dilute hydrochloric acid, to be taken thrice daily before meals.

15th.—No improvement. A blister was applied to the right side of the chest in front, and he was allowed two ounces of port wine.

20th.—Rhonchus and crepitation heard all over right and left sides in front; crepitation heard also over the whole of right side behind. Left base behind free from crepitation. Above the spine of the scapula on this side the breathing was much drier than below that—in fact, it was almost cavernous. The right side was the duller of the two, but the left was less resonant than when the last note was made. Cough and sweating very troublesome. Temperature 102·2° F.; pulse 120. Ordered a pill composed of a grain of sulphate of quinine, a quarter of a grain of powdered opium, and half a grain of powdered digitalis, to be taken three times a day.

21st.—The pills reduced the temperature and pulse very considerably. They were only continued for a day, as the patient said they disagreed with him.

25th.—A cavity could now be detected in the right apex. The patient had lapsed into a typhoid condition; his tongue was covered with a dry brown fur; he was also troubled with diarrhœa.

30th.—Is becoming gradually weaker. The temperature for the last few days has resembled that of typhoid fever in the third week.

July 2nd.—Died at 9.30 A.M.

Autopsy, twenty-seven hours after death.—The whole of the upper lobe of the left lung was infiltrated with so-called yellow or yellowish-white tubercles. At two points on the posterior surface of this lobe, just underneath the pleura, were two small cavities, evidently formed from the softening of cheesy matter. Almost at the apex behind was a small cheesy nodule, which had not softened. The base of this lung was in the first stage of pneumonia. Scattered throughout the lower lobe were a number of yellowish-white tubercles, of about the size of millet-seeds. At some points these bodies were aggregated together. They were chiefly situated immediately beneath the pleura. The right lung was universally adherent in front, and also to the diaphragm. The lung was considerably increased in bulk, owing to its being throughout infiltrated with yellowish-white tubercles. The whole of the lung seemed marbled

by iron-grey induration. A cavity the size of a Tangierine orange was found in the apex of this lung; and another about the size of an egg in the upper part of the lower lobe, on its outer aspect. A number of bronchial tubes, filled with muco-purulent fluid, were visible on section of the lung. No true grey tubercles were found in either lung. A few atheromatous patches were found at the commencement of the aorta. The valves were healthy. The liver was in the first stage of cirrhosis.

Remarks.—There is strong reason to believe that in this case no pulmonary disease existed before the first attack of hæmoptysis, beyond a morbid delicacy of the walls of the bloodvessels of the lungs, probably induced by the patient's intemperate habits. The man's health, he several times assured me, was perfect up to the time of the first attack of bleeding. I have been unable to ascertain what was the state of his chest during the period he was in the hospital under the care of another physician; but at the time of his discharge the only evidence of pulmonary mischief consisted in some slight consolidation of a very limited portion of the upper lobe of the left lung, probably corresponding to the small cavities found after death, which had resulted from the softening of cheesy nodules. These nodules were in all probability the results of changes set up by the hæmoptysis. The further progress of the case is interesting. Every subsequent attack of hæmoptysis was followed by inflammatory changes in the lungs, especially the right. There was also a decided tendency for the first series of these changes to terminate in resolution, but another attack of bleeding unfortunately prevented this. There was a peculiarity in this case which is worth noticing—viz., the rise of temperature for a day or two before each series of attacks of hæmorrhage occurred. If this temperature elevation should be found to occur in other cases it will be an important guide to treatment, for as soon as the increase is noticed remedies should be administered with a view of preventing the supervention of an attack of bleeding. There are a few other points connected with the treatment of hæmoptysis in which this case is instructive. Acetate of lead checked the first attack of hæmoptysis the man had after coming under my care, when gallic acid, which has been recently so highly extolled, failed. In my experience, acetate of lead is the best remedy in pulmonary hæmorrhage, except in those cases in which the hæmorrhage is very persistent, when an emetic of ipecacuanha, as recommended by Trousseau, has no equal. The Dover's powder in the above case produced vomiting, and thereby checked the hæmorrhage, which had proved rebellious to acetate of lead and a mixture containing gallic and sulphuric acids. From the record of the case there can be no doubt of the advisability of checking the bleeding at once in cases of pulmonary hæmorrhage. I am inclined to doubt whether this symptom is ever a salutary one in the progress of phthisis. In a great many instances no ill effects may arise from an attack of bleeding, but in others it may have a most injurious influence; and in my opinion the temperature of a patient should be carefully observed for some days after an attack of hæmoptysis, with a view of ascertaining whether such attack has been followed by inflammatory action in the lungs or not.

Cambridge, September, 1871.

TREATMENT OF GRANULAR OPHTHALMIA BY THE LOCAL USE OF QUININE (QUINIÆ BISULPHAS).

By C. BADER,
OPHTHALMIC ASSISTANT-SURGEON, GUY'S HOSPITAL.

The unsatisfactory results of the treatment of granular ophthalmia, especially if combined with pannus (vascular cornea), will, I hope, justify the publication of the following remarks. Experiments were made, with various substances, on patients suffering from granular ophthalmia with pannus. The idea which led to the selection of the substances experimented with was, that granular ophthalmia is the result of some extraneous substance becoming lodged in the conjunctiva, and giving rise to what have been called granulations. Experiments made elsewhere with antiseptics on organic matter have shown quinine to be one of the most effective antiseptics.

The substances experimented with on granular ophthalmia were the scrapings and juice of the root of bryonia nigra, the nitric oxide of mercury ointment (hydrarg. nitrico-oxidi, gr. iii., adipis ʒi.) and the bisulphate of quinine in powder. The remedies were applied morning and evening; of the quinine about as much as would go on the point of a penknife was placed, with a dry camel's-hair brush, on the inner surface of each lower eyelid. No other treatment, such as exclusion from light, use of lotions, &c., was made use of. The hypothesis that quinine acts specifically upon granulations, as mercury, for instance, does on lice, may be erroneous; the effect may merely be that of an irritant, causing moderate suppuration, and, with it, removal of the granulations.

The effects on granular conjunctiva of bryonia nigra and of the nitric oxide of mercury ointment, though curious in other respects, are of little interest here. Suffice it to state those of quinine. In some cases its application was followed by severe smarting, which continued for ten or fifteen minutes; in other cases no pain whatever was felt; in all cases appeared increased purulent discharge from the conjunctiva, with shrinking of the granulations, and clearing of the surface of the cornea. The intolerance of light ceased rapidly in all cases; the dilatation of the pupils appeared in from twelve to twenty-four hours after the first application of quinine. The pupils, though dilated in ordinary light, contracted well on exposure to strong light.

Case 1.—A. B., aged fourteen. Granular ophthalmia for six years; at present vascular cornea (pannus) in both eyes; pupils barely visible; granular conjunctiva; extreme intolerance of light. The application of bryonia nigra was followed by symptoms of purulent ophthalmia (chemosis, swollen lids, &c.), which, with slight improvement of sight, subsided within ten days; the intolerance of light persisted. Quinine was used and the bryonia discontinued. The eyes improved rapidly; the granulations became smaller, and the intolerance of light disappeared completely within four days.

Case 2.—C. D., aged ten. Granular ophthalmia with pannus for two years, with intolerance of light. The use of the nitric oxide of mercury ointment (for fourteen days) was followed by slight improvement. It was discontinued and quinine substituted. Within ten days all intolerance of light had ceased, the cornea became much clearer, &c.

Case 3.—E. F., aged ten. Granular ophthalmia for one year. The intolerance of light persisted for three weeks while the nitric oxide of mercury ointment was used; it disappeared on the second day after the quinine had been applied.

Case 4.—G. H., aged thirty-four. Granular ophthalmia for one year, with pannus and intolerance of light. Quinine was used for ten days; on the third day the pupils became dilated, and on the fourth all intolerance of light had ceased.

Case 5.—I. J., aged eleven. Granular ophthalmia for four months, with slight pannus and intolerance of light. Quinine treatment for three weeks. All intolerance ceased; cornea much clearer; granulations red, much smaller; slight purulent discharge.

Case 6, aged fourteen, bad for three months; Case 7, aged fifteen, bad for four years; Case 8, aged ten, bad for two years, improved equally rapidly under the quinine treatment; in all did the intolerance of light disappear within from five to ten days, with marked improvement in the state of conjunctiva and cornea.

SOURCE OF FALLACY IN ESTIMATING THE MORTALITY FROM CHLOROFORM.

By GEORGE BUCHANAN, A.M., M.D.,
SURGEON AND LECTURER ON CLINICAL SURGERY, GLASGOW ROYAL INFIRMARY.

Death from chloroform inhalation is a subject worthy the attention of all practical surgeons, and the particulars of each case deserve the strictest investigation. Yet the most accurate attention to details very often leaves us wholly ignorant of the conditions which accompany or cause the fatal result. The object of this communication is

to show that one of the sources of fallacy which have been suggested is *not* an ideal one, but must be taken into account in any statistical enumeration which may at any time be drawn up. It has often been stated by writers on this subject that a certain number of deaths which have occurred while persons have been under the influence of chloroform must be set down to natural causes, wholly independent of the anæsthetic. To some, this has seemed so unlikely as not to be worthy of consideration; but when we comcompare the number of sudden deaths which happen in any community with the very rare occurrence of death under chloroform, it will not seem so unlikely that the coincidence may occasionally occur. A remarkable case of sudden death bearing on this question happened lately in my practice, which has made such an impression on my mind as to induce me to record it.

A patient from the country, recommended to my care by Professor Allen Thomson, came to town in July last to have a small epithelial tumour removed from his lower lip. He and his wife took a lodging in the neighbourhood of my house, and a day was fixed for the operation. A more urgent case requiring my services happening on the morning appointed, I sent a message that I would postpone the operation till the following morning. Next morning I got a message from the lodging-house landlady, that my patient had gone out the previous day to execute some commissions, and had not returned. Shortly after this I received the startling announcement that, soon after my patient had left his lodgings, he had dropped down dead in the street! There is little doubt that if I had proceeded with the operation on the morning appointed, my patient would have died during its performance; and I should, for the first time, have been called upon to record a death under chloroform. In this case the death occurred from "natural causes," just about the time appointed for the operation.

The coincidence is sufficiently striking to show that many a patient may die *under* chloroform though not *from* chloroform, and that such a consideration should modify our judgment in estimating the value of tables of "mortality from chloroform."

Bath-street, Glasgow, Oct. 1871.

A COMPLETE ANTERIOR LUXATION OF THE SEMILUNAR BONE FROM THE RIGHT WRIST WITHOUT TEARING THE SKIN.

By J. J. CHISOLM, M.D.,

PROFESSOR OF OPERATIVE SURGERY IN THE UNIVERSITY OF MARYLAND, U.S.A.

THE following case, which has recently come under my professional care, I believe to be one of unusual rarity. In looking up authority I can find no duplicate case of anterior luxation of the semilunar bone in which the skin has not been extensively torn, the bone usually hanging quite from the hand by some shreds of ligament. The case, I think, will be of interest to surgeons.

Alexander S——, aged twenty-five, a sailor by occupation, whilst taking in sail on March 24, 1871, fell from the yard-arm upon the deck of the ship, a distance of about twenty-five feet. He fell upon his right side, with his right hand doubled under him, so as, in a measure, to break the fall. He was badly bruised about the right hip and side, but as these were not serious nor extensive injuries, he rapidly recovered from them. Ten days after the accident he reached port, and came under my treatment in the Baltimore Infirmary for a stiff wrist and painful arm, supposed to be fracture of the radius near the carpus.

There was comparatively little swelling of the arm and hand. The axis of the hand was perfectly in a line with that of both radius and ulna. My finger, firmly pressed upon the outer surface of the radius and ulna from the elbow to the tip of each respective styloid process, caused no sharp pain, so constant a symptom when a broken bone is pressed upon at its point of fracture. A hard, large, rounded subcutaneous prominence existed on the front of the wrist beneath the upper wrist fold, and directly over the site of the semilunar bone. This irregularly outlined incompressible knob stretched the skin, and was so firmly fixed as to exhibit not the slightest motion when manipulated with force. From the median position of this large firm mass, which had been detected after the fall, and which had not previously existed, luxation of the semilunar bone was diagnosed. This opinion was confirmed by thrusting a couching needle to the depth of an inch into the back of the wrist, and showing, by the free movements of the free end of the needle in every direction, that a vacant cavity existed, where normally the compact semilunar bone is found. The constant pressure kept up by the luxated bone caused forced and painful flexion of the fingers and wrist. The immobility of the bone in its new position rendered futile all attempts at reduction. Three weeks after the receipt of injury, finding that the presence of the bone would permanently destroy all the movements of the wrist, and that the slightest motion of the fingers continued to give severe pain, under the influence of chloroform I removed the semilunar bone through a single incision two inches in length, in the median line. The operation I found much more tedious than I had anticipated. The force applied at the time of the accident had not only squeezed the bone from its cavity, but had, at the same time, imparted to it a rotary movement of so extensive a character, that the concavity for the reception of the rounded head of the os magnum looked directly up the arm, whilst the convex surface belonging to the radio-carpal joint was facing the fingers. During this forcible rotation *in situ* of this semilunar bone, all of its connecting ligaments had not been torn through. Some of them had been so stretched over, and others under, the luxated bone as to tie it down firmly in its new position, and render it very difficult to enter a knife between it and its closely hugged neighbours to permit of its isolation and removal. Although these tense ligaments kept the semilunar bone immediately over its proper area, its rotated position brought together such reversed, and therefore irregular, surfaces of bone and socket as to render reduction quite impossible. Upon examining the semilunar bone when removed, a small fragment of the scaphoid was found attached to it, showing that the dislocating force had torn off a small piece of the contiguous bone.

Baltimore, May, 1871.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Prooemium.

LONDON HOSPITAL.

CASES UNDER THE CARE OF MR. COUPER.

ON the occasion of a recent visit to the London Hospital, the following cases, among others, came under our notice.

A Case of Spontaneous Reduction of a Dislocation of the Femur.—A labourer, forty-eight years of age, had been admitted the night before with symptoms which, according to the description given by Mr. Curling, the house-surgeon on duty, were as follows:—The body was bent slightly forwards; the right lower extremity, slightly abducted, presented the natural amount of eversion, and was elongated to the extent of two inches and a half; there was not the slightest swelling of the groin, but great depression in the region of the trochanter major. Chloroform was administered, with a view to attempting reduction. At first the thigh was flexed to the extent of one-third, but, in the course of the struggles of semi-consciousness, it became about one-half flexed. As soon as anæsthesia appeared to have been produced, Mr. Curling placed one hand lightly on the knee of the affected limb preparatory to grasping it. Feeling that it at once descended, he slightly increased the

downward pressure, and, the next moment, to the surprise of all the bystanders, the limb fell into position with a loud sound and the entire disappearance of all deformity. On hearing these details, Mr. Couper agreed with Mr. Curling that the patient's femur had doubtless been dislocated into the thyroid foramen.

Penetrating Wound of the Abdomen treated Antiseptically.—The patient had received, a month previously, two wounds of the abdomen, one penetrating the abdominal wall and admitting of the protrusion of a knuckle of intestine, and the other limited to the abdominal wall. He had sustained, in addition, a wound of the forearm of large superficial extent, but limited in the deeper parts. These had all been treated antiseptically with carbolic acid. The abdominal wounds had entirely healed without suppuration, and cicatrisation was almost complete in the wound of the forearm, which, on the dressings being removed, presented very slight traces of pus. The carbolic preparation was applied to the superficial part only of the penetrating wound of the abdomen.

Fracture of the Sacrum.—In the surgery we saw a patient who had shortly before fallen down an entire staircase on his back, and complained of great pain in the region of the sacrum. On testing the mobility of that bone, with one finger applied externally, and another to its anterior surface from within the rectum, Mr. Couper found it fractured near the middle. The lower fragment had suffered no displacement, but could be freely moved from before backwards, though not from side to side. There was an ecchymosis of the skin immediately over the seat of fracture. Mr. Couper directed the patient to be laid on an air-cushion of the shape of a horse-shoe in such a manner as to relieve the injured part of all pressure, and advised that great attention should be paid to the condition of the bowels in order to guard against the rectum becoming loaded with fæces. He led the patient to expect that he would have to maintain the recumbent posture for six weeks or two months.

HOSPITAL FOR SICK CHILDREN.

CASES OF CHOREA TREATED WITH SULPHATE OF ZINC.

(Communicated by Mr. H. T. BUTLIN, Medical Registrar.)

WE conclude this week the report of the series of cases of which the first three were given in our last number.

(Under the care of Dr. WEST.)

CASE 4. — William G——, aged seven years, a pale, delicate-looking boy, was admitted with slight general choreic movements which had existed for some three or four weeks before admission. No cause was assigned for them. He had suffered no fright nor attack of rheumatism, but he had always exhibited an irritable and excitable disposition. His father was said to be subject to fits, probably epileptic.

For the first few days after admission his morning temperature was about 100°, the evening temperature being slightly lower. He was kept in bed, with no other treatment than an occasional dose of aperient medicine, for seventeen days, when the course of sulphate of zinc was commenced with single-grain doses every six hours. In twenty-four days the dose had reached twenty grains, and vomiting occurred several times. The choreic movements, which had diminished at first under the zinc treatment, became again more noticeable. He was therefore ordered to take once more to his bed, which he had left for some days. This measure was followed by a rapid decrease in the movements. On the thirty-fifth day of the course of zinc he again became sick, and a little strengthening medicine was substituted.

As the patient remained weak and poorly, he was not sent to the Highgate Convalescent Hospital until the fifty-fifth day, whence he returned in perfect health after a stay of three weeks.

(Under the care of Dr. DICKINSON.)

CASE 5.—Isabella J——, a tall girl, eleven years of age, had ultra-rough skin, and cracked lips, and presented well-marked choreic movements of face, arms, and legs. Accompanying the first sound of the heart was a slight murmur, most distinct over the base. She appeared to have had chorea for the three weeks before admission. Two years previously she had had an attack of scarlet fever, which was followed by acute rheumatism. Her father was subject to fits (epileptic ?). Except that an occasional dose of castor oil was given to correct obstinate constipation, no particular line of treatment was adopted for a week, when, as she appeared to become worse rather than better, she was put on the sulphate of zinc. Twenty-six grains, three times a day, was the maximum reached in thirty days. It was then observed that her skin was much softer, and that her lips were no longer cracked. The choreic movements had become decidedly less, but were still well marked. In two days more, the taking of the medicine having been several times followed by sickness, its use was countermanded. After a week's interval, as there remained some irregular movement, two minims of the liquor strychniæ were ordered to be taken three times a day; in a week more the dose was increased to three minims, and, in yet another week, to four minims. Ten days after the increase of the dose of strychnia she was sent to Highgate quite free from choreic movement.

CASE 6.—Louisa W——, eleven years of age, was taken ill in church about a fortnight before admission, and on the following day choreic movements were noticed, which so rapidly increased that when she was brought to the hospital she was unable to stand, and it was found necessary to carry her up stairs. When she reached the ward she was deposited on a couch. She threw her limbs in all directions, and her face was disfigured by very marked contortions. There were lines at the corners of the mouth, and her lips were very dry, but not broken. There was an occasional but distinct prolongation of the first sound of the heart, most plainly heard to the right of the left nipple.

The treatment by sulphate of zinc was commenced as soon as the bowels had been well acted upon by calomel and jalap, and ten grains of chloral were ordered to be taken each night. Ten grains of the sulphate on the eighth day made her sick; the dose was therefore not again increased until the twelfth day. With fifteen grains, on the fifteenth day, she again vomited, therefore sixteen grains were not given till the eighteenth day. By this time, however, she was very much quieter, and was able to talk tolerably distinctly, although, on admission, she had scarcely been able to speak. A maximum of twenty-five grains was reached on the thirty-third day, and in the course of the following seven days the dose was rapidly diminished to two grains. She left her bed on the thirty-seventh day. By the forty-fifth day she was quite well of her chorea, and in a few days more she was sent to Highgate.

(Under the care of Dr. WEST.)

CASE 7.—Sarah W——, aged twelve years, had been an in-patient two years previously with a first attack of chorea which had detained her in the hospital about three months. Her second attack had commenced some six weeks before admission. No cause could be assigned for either. She herself had never had rheumatism, but her father was said to have died of rheumatic fever.

She was found to be affected with general movements. The action of the heart was irregular, and a systolic murmur was audible at the base and on the right side of the sternum. The progress of the case was rapid. At the end of a week she was ordered two grains of sulphate of zinc in half an ounce of water. In twenty days she was taking twenty-four grains, the quantity having been increased by one or two grains each day. After twenty-three days of zinc treatment she was sent to Highgate, almost entirely free from irregular movements.

CASE 8.—Frank S——, aged seven years, was a pale, delicate-looking boy, suffering from choreic movements of the trunk and limbs generally, but more particularly of the right side, consequent on a second attack of rheumatic fever which had occurred about six weeks before admission. On examination, he was found to have a loud mitral regurgitant murmur. His bowels were opened with calomel and jalap, and a grain of zinc was ordered on the fourth day. When, on the seventeenth day, twenty-five grains had been reached, he had very much improved; but he then became sick for the first time, and had a slight amount of diarrhœa. On the thirty-second day the zinc was stopped, on account of persistence of diarrhœa and occasional sickness. He was at the time taking fifteen grains. From that time until he was sent to Highgate, about eight weeks after admission,

he only took a little tonic medicine. The choreic movements had not even then entirely left him, and it was not until he returned from the Convalescent Hospital that he could be considered thoroughly cured.

CASE 9.—Minnie S——, aged eight years, had four years previously had scarlet fever and an attack of rheumatism. These were immediately followed by St. Vitus' dance, from which she had never since been quite free. Her general health was said to be good, although she occasionally had pains of a rheumatic character in her limbs.

On admission, she had well-marked chorea affecting both sides of the body. There was no cardiac murmur, but the heart's action was irregular.

The zinc treatment was commenced on the third day, and in twenty days the dose had risen to twenty-five grains. A grain of sulphate of iron and four minims of aromatic sulphuric acid were then added to each dose. But she was already comparatively free from irregular movement, except on a few occasions when she was allowed to dress and sit upon the couch for a short time in the afternoon, when she became very decidedly worse. She was therefore kept entirely in bed. On the thirty-first day of active treatment the zinc was stopped, and some nux vomica was substituted, but this did not agree with her; shortly afterwards, therefore, a grain of quinine three times a day was ordered, and she was again allowed to sit on the couch for a little while in the afternoon—this time without any unfavourable consequence.

She went to Highgate ten weeks after admission, scarcely any choreic movement being then noticeable, and on her return three weeks later not a twitch remained.

(Under the care of Dr. DICKINSON.)

CASE 10.—Elizabeth G——, twelve years of age, was admitted with a first attack of chorea, dating from a fortnight previously. She had twice had rheumatic fever; the last attack had occurred about a year before. So violent were her movements that it was found necessary at once to carry her upstairs, and put her to bed. Her speech could not be understood without great difficulty. The heart's action was irregular, and a slight murmur, occurring with the first sound, was audible just below the nipple.

She was at first ordered five minims of the tincture of Calabar bean in half an ounce of water every six hours. At intervals of two or three days the dose of the tincture was increased by an addition of five minims, until forty-five minims were taken every six hours. But as no benefit had resulted, the treatment was discontinued, and two grains of sulphate of zinc ordered. At eight grains the choreic movements were already much diminished, and the patient was allowed to go into the garden. The dose had not reached more than eighteen grains when she vomited several times. In the course of a few days it was therefore again dropped to five grains, and she was sent to Highgate quite free from all irregular movements, after twenty-eight days of zinc treatment.

(Under the care of Dr. WEST.)

CASE 11.—Maria W——, aged twelve years, was admitted with general choreic movements of some ten days' standing. Both her parents suffered with rheumatism, but no cause could be assigned for her complaint. The heart's action was irregular, and was accompanied by a slight occasional murmur at the base.

Two grains of sulphate of zinc were at first ordered, but at four grains the treatment was suspended in consequence of an attack of diarrhœa. The movements soon became so aggravated that she kicked holes in the blankets, and her toes appeared even through the strong counterpane. She cried uproariously at night, and in spite of ten grains of chloral, or the same number of minims of laudanum, she got little or no sleep. Therefore, on the twelfth day, the use of the zinc was recommenced. A fortnight later she was undoubtedly better, but the movements were still very violent, and the treatment was again changed to three grains of quinine to be taken three times a day, whilst a cold bath, which had been ordered four or five days previously, was persevered with.

Not the slightest improvement being manifested in the course of the following week or ten days, the treatment was a third time altered; three grains of the zinc were ordered three times a day, the quantity to be increased by the addition of three grains per diem. When twenty-three grains had been reached, the dose was lessened at the same rate; and, a month after the making of the third change in the mode of treatment, the patient was sent to Highgate, free from all irregular movement, though still suffering slightly from a state of general paralysis which had followed the gradual cessation of the chorea.

CASE 12.—Ada J——, a well-nourished, comely child, was admitted with well-marked choreic movements, following a febrile attack of an indefinite character, which had occurred a week or two previously. The action of the heart was very irregular, and there was discovered a loud apex murmur, which was not audible at the back.

On the third day the sulphate was first administered. The dose was rapidly raised to twenty-four grains, and then as quickly lowered; and, a month after admission, she was sent to the Convalescent Hospital.

There had been no sickness throughout. The choreic movements had been absent since the twenty-second day of treatment; and, for some days before she left for Highgate, no murmur could be heard over the heart.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, OCTOBER 16TH, 1871.

DR. ANDREW CLARK, PRESIDENT, IN THE CHAIR.

THE PRESIDENT congratulated the Fellows upon the prosperity of the Society, which had never been better off. The treasurer, Mr. John Gay, had a balance of £211 in his hands, while the Fothergillian Fund had risen from £500 to nearly £1000. The Society's freehold, No. 3, Bolt-court, which was bequeathed by Dr. Lettsom, was let for £50 a year; but as the present lease would expire in another year, it was estimated that the Society would derive at least £100 a year from this source. How was this prosperity to be kept up? By maintaining, and, if possible, improving the work. By trying our communications by this test: do they add to, correct, or confirm what is already known? By aiming in all our work at precision; by making it compendious and practical, and in recording results of therapeutical experiments, to cultivate the spirit of good fellowship, and to find out in one or other what is worthiest and best; and so, working with singleness of heart and purpose, it cannot be but that our work will be fruitful in all manner of good. In speaking of the character of our work he would refer, 1st, to the early history of disease, say of phthisis. It was by the co-operation of Fellows of such a Society as this that a perfect knowledge of such a disease could be had. 2nd. Therapeutics. There was a want of faith and a want of precision in the use of drugs; a great want of reliable knowledge. Such important investigations as these might well be made by committees appointed from time to time, and means might be furnished from the surplus Fothergillian funds. The second way to increase the prosperity of the Society was for each Fellow to endeavour to induce another to join. "It is in such a Society as this that we get fresh knowledge, our errors corrected, our doubts resolved; it is here that a man is delivered from his own crotchets, follies, and ignorance, secured from one-sided views, and brought face to face with every side of the problems which he studies. A man does not know what he knows or what he does not know till he has taken an active part in the debates of such a society." The President then alluded to the great loss the Society had suffered in the death of the late Dr. Hyde Salter, who had been for three years secretary to the Society.

Dr. RICHARDSON then read a paper "On the Possibility of Destroying Animals intended for Human Consumption without the Infliction of Pain," which we notice elsewhere.

Mr. GAY followed with a paper "On Hypo-Venosity of the Lower Limb," which will appear in our columns next week.

OBSTETRICAL SOCIETY OF LONDON.

OCTOBER 4TH, 1871.

DR. BRAXTON HICKS, F.R.S., PRESIDENT, IN THE CHAIR.

JOHN M. TAYLOR, M.D. (Scarborough), was elected a Fellow of the Society.

Dr. BARNES presented to the Society, on behalf of Dr. Boddaert, of Brussels, the lever employed by Dr. Boddaert, also a memoir on the rational use of forceps and lever by the same gentleman. Dr. Barnes drew attention to the form of the lever, which was a solid bar, nearly straight, and without fenestra. Such a bar could only be a lever, and in no sense a tractor.

Dr. BARNES exhibited a specimen of an Iliac Artery obstructed by a clot. The case was described by Mr. Williams, of Truro. The subject was seized during an abortion with prostration, coldness, failure of pulsation, and gangrene of the leg of the side on which the artery was plugged.

Mr. SPAULL exhibited a fœtus the subject of hydrocephalus. The child presented by the breech, and the head had to be perforated.

Mr. MITCHELL said he had met with several cases of the kind in his practice. In every case he had perforated the head and delivered the child by the forceps, all having been head presentations.

Dr. MURRAY thought that in such a case as that related to the Society much diagnostic information could be obtained by placing the hand on the lower part of the abdomen and feeling the unusually large size of the uterus after the birth of the extremities and body of the child. The possibility of the existence of twins should, however, be remembered; but then the uterus would be still much larger than when distended by the hydrocephalic head.

The PRESIDENT read a paper on the "Intermittent Contractions of the Uterus during Pregnancy; their Physiological Value and Assistance in Diagnosis." He showed, as the result of eight years' constant observation, that the habit of the uterus was to contract at intervals of from five to twenty minutes, and then to relax. These contractions, he said, lasted about three or five minutes, although under circumstances of irritation they might continue longer, and even, in diseased states of the ovum, were almost continuous. Only one apparent exception had been noticed —namely, in a case of paraplegia, in which the contractions were not noticed. They were observable as early as the third month of pregnancy; indeed, as soon as the consistence of the uterus permitted. They were not owing to the irritation of examination, for as frequently as not the uterus would be found hard on first handling it, and then shortly to relax. After describing the physical state of the uterus and its contents during these conditions, Dr. Hicks alluded to the value of these contractions physiologically. He thought at least two advantages were derived from them: the one to supplement the heart's impulse in a part remote from its influence; the other to assist the ultimate disposition of the fœtus. He then proceeded to discuss at length the assistance these contractions gave the practitioner in the diagnosis of extra-uterine from uterine tumours, of uterine tumours from pregnancy, and of extra- from intra-uterine pregnancy.

Dr. BARNES called attention to the work of Dr. Tyler Smith, in which the peristaltic movements of the pregnant uterus were well described, not only as forming the basis of the expelling force during labour, but also as diagnostic of pregnancy.

Dr. HICKS said the extract quoted from Dr. Tyler Smith's work had escaped his notice. But Dr. Tyler Smith had referred to the peristaltic movements the result of external excitation, while those which had been just described occurred without any such.

Dr. COPEMAN of Norwich related three cases which he had met with in practice; the first being one of induction of premature labour on account of excessive vomiting, the second a case of large fibrous polypus of the fundus uteri, and the third a case of procidentia uteri in a maiden lady.

The discussion turned on the best mode of inducing premature labour.

Dr. BARNES agreed with Dr. Copeman that the introduction of a bougie or catheter into the uterus was the best mode of provoking labour; but, like all simply provocative means, it could not be depended upon to complete labour. Accelerative means were often necessary. The best of these were rupture of the membranes, dilatation of the cervix by the water-bags, turning, and the forceps.

Dr. PROTHEROE SMITH referred to an instrument shown him by Dr. Tarnier of Paris. It consists of a metal grooved director about eight inches long, carrying a tube of india-rubber, thin at its distal extremity. This is introduced into the uterus, towards the fundus, separating the membranes. It is then distended with water, so as to form a bulb-shaped bladder, when the metal director is withdrawn. Uterine action usually sets in within a few hours.

Dr. PLAYFAIR generally used a simple catheter, which he passed between the membranes and the uterine wall; but on more than one occasion he had seen it fail. The uterus was occasionally roused into activity with great difficulty, and this probably depended on some peculiarity in the individual case.

Dr. BRUNTON had induced premature labour successfully nine or ten times by injecting warm water into the uterus. He had, however, now given up that method, both on account of the danger said to attend its use, and because in one case it proved a total failure. He now used a bougie (No. 12) in which no eye had been cut.

Dr. MURRAY expressed his belief in the value of the plan recommended by Professor Lazarewitch, of injecting water into the uterus. He had nothing to say against the use of the catheter, except that it had occasionally failed to bring on labour.

The PRESIDENT said that the safety of the child depended on two conditions—viz., the rapidity with which the uterus came into action, and the freedom with which the child passed through the os uteri. Dilatation of the cervix certainly answered the latter requirement excellently.

Dr. WILTSHIRE suggested the desirability of inducing premature labour at a period in pregnancy which in respect of time corresponded to a menstrual epoch.

Dr. ROGERS had, early in his career, been accustomed to puncture the membranes high up, so as to save some of the liquor amnii, having first dilated the cervix with sponge tents. Of late years he had used a long catheter with an opening at its rounded extremity. This had been successful in all except two cases, and in these he found it necessary to inject some water through the catheter to excite uterine action.

Reviews and Notices of Books.

Lectures on the Principles and Practice of Physic. Delivered at King's College, London, by Sir THOMAS WATSON, Bart., M.D., F.R.S., Physician in Ordinary to the Queen, &c. In Two Vols. Fifth Edition, revised and enlarged. London: Longmans, Green, and Co. 1871.

[FIRST NOTICE.]

THE first edition of Watson's Lectures on the Principles and Practice of Physic was published in 1843; and although many years have elapsed since we made our earliest acquaintance with them, we can well remember the pleasure that we derived. To call a book popular, especially one dealing with medical science, is almost synonymous with expressing a certain measure of contempt for it; for popular works are too often shallow, unreliable, and pretentious. But with "Watson" it was far otherwise. There you had the products of a scholarly and well-stored mind, and the results of an eminently sagacious observation, expressed in language that was at once precise, perspicuous, and pure. Sir Thomas Watson's style has not unhappily been compared with that of Cicero. Be this as it may, it is rare indeed for a student to make his earliest acquaintance with the principles of his art in an English garb such as Addison himself might have employed; and yet this was what Watson's Lectures have done for us. At a time when so many books on medicine were harsh in style, and often dull and pointless in illustration, we could always turn to "Watson" with a sense of relief. The lectures were

scholarly without being pedantic, excellent in exposition, graphic in illustration, and furnished with an honest backbone of common sense. We must not omit to mention that which is, perhaps, brightest and best about them—namely, their eminently healthy tone, which cannot fail to elevate the reader's, and especially a young reader's, conception of the dignity and honour of the medical calling.

In cutting the pages of the fifth edition we linger here and there over many of the old passages that we dwelt upon years ago. They bring back to us, as they will to many, the associations—some pleasant, some sorrowful—that we feel in the presence of an old friend. The lectures are contained in two volumes, and they appear to have undergone extensive revision, although the marks of it are not equally evident in all subjects. To incorporate new material with old is always very difficult; it is like putting new wine into old bottles. We can readily understand that the fifth edition of these lectures will not be accepted by many pathologists in this country and abroad as a comprehensive and adequate expression of the present state of medical science; for there are many sins of omission in it. But lectures that have been revised several times cannot well be of this character, if they are to retain their original moulding, and preserve their old attractions for students. Probably no medical book has been so much read as "Watson" by non-professional men of education and ability, with the effect of greatly increasing their esteem for, as well as of enlisting their sympathy with, the work of medical men.

To begin, however, at the end—for an epilogue supplies the place of a preface—the author writes:—

"I have left the closing sentences of the last lecture as they stood when first printed; for I know not how to alter them. Feeling unable, and indeed unwilling, to recast in my study the style and character of these lectures, I have, in revising them, fed the pleasant fancy that I was still sitting in the professor's chair, with my flock of juvenile students before me. This has of necessity led to anachronisms, which you, my reader, will readily detect."

Sir Thomas Watson then refers to his two successors in the chair of Medicine at King's College, in those terms of graceful compliment that he knows so well how to use.

"Considering," he goes on to add, "the rapid advance of medical science during the last fourteen years, the present edition would be worthless if it did not differ much from the last. Working with many interruptions, and the slowness of old age, there are a few things in the first of these volumes which would have been somewhat differently put, if they had not been already printed while I was preparing the second."

The first volume opens with the well-known introductory lecture. The second enters on pathology and its objects, and discusses alterations of the solid parts of the body, drawing largely upon the observations of Hunter and Paget; and, in connexion with obesity, making a passing allusion to the "Banting" process. Lecture V., on "Different Modes of Dying," which is a capital specimen of the author's powers of exposition, has been supplemented by an explanation of some of the phenomena of death by apnœa, and of those consequent on embolism and thrombosis of the pulmonary artery. The arrest of the circulation through the lungs, in cases of mechanical closure of the windpipe, and the engorgement of the right heart and venous system, are referred to the presence of spasm of the muscular fibres of minute branches of the pulmonary artery. In the case of plugging of the pulmonary artery, death is commonly preceded by dyspnœa, owing to the non-aëration of the blood which is common to this condition and that of apnœa; but in the one case the access of air is cut off from the blood, and in the other the blood cannot get to the air. As Sir Thomas Watson points out, death beginning at the lungs from obstruction (pulselessness) of the pulmonary artery, fulfils the literal meaning of the word asphyxia. In the lectures on the Causes of Disease, after giving Professor Huxley's physiological explanation of the immunity from harm to those exposed to high temperature in the Turkish bath for instance, the author remarks that the Turkish bath is scarcely a safe luxury for persons who perspire with difficulty. We may incidentally mention the case of a person who was attacked with violent palpitation whilst undergoing the process, and became the subject of disagreeable attacks of cardiac palpitation, apparently functional, for some years afterwards. In connexion with the effects of cold on the nervous system, Dr. Richardson's experiments in diminishing the temperature of the brain in birds with the ether spray are mentioned. In discussing hereditary tendency to disease, the extremely interesting illustration furnished by Dr. Arthur Mitchell, Deputy Commissioner for Lunacy, that a defect or disorder may be transmitted potentially as well as actually, is dwelt upon, as well as the views of Mr. Darwin on the transmission of *acquired* peculiarities. Dr. Brown-Séquard's observations on the hereditary transmission of artificially induced epilepsy in guinea-pigs have always struck us as very significant, but they are not here referred to. The lectures on Inflammation are founded mainly upon the views of Hunter, Simon, and Paget. The phenomena of inflammation have been so much elucidated of late by various observers that our author's exposition of them would require some extensive remodelling in order to represent accurately the present views; but then it is only fair to admit that, on so difficult a subject, the theories of to-day may soon give place to others. Sir Thomas Watson, in his remarks on scrofulous disease, naturally alludes to the question that has been so much and eagerly discussed, whether the deposition of tubercular matter be not an *event* of inflammation. In his opinion, there is not a shadow of evidence to show that this deposit is always and necessarily preceded by inflammation, although an undoubted and most important connexion obtains between the occurrence of inflammation and the occurrence of tubercles. "Tubercles will cause inflammation, and inflammation will determine the development of tubercles." In touching upon the question whether tuberculous diseases are contagious (communicable), Sir Thomas Watson briefly adverts to the attempted solution of this, and of some kindred questions of great pathological interest, by the light afforded by recent experience on the artificial production of tubercle in animals. The immunity of the inhabitants of Iceland and the Feröe Islands from tuberculous diseases is attributed to their probable exemption from the scrofulous diathesis, rather than to the highly oleaginous nature of the diet used by them. We do not know what is the amount of infant mortality in these regions, but it appears to us that the climate may prove so inimical to delicate or weakly constitutions as to have destroyed such in early life, on the Darwinian law of the "survival of the fittest." No allusion is made to the views of the late Mr. Moore, in the author's observations on cancer, which are principally founded on the labours of Dr. Walshe, Sir James Paget, and Dr. Wm. Budd. On the author's present views regarding bloodletting, and the reasons that have led him to adopt them, there is no need to dwell at any length, for they are generally known. Let it suffice that local bleeding is held to be an eligible and proper remedy for many cases of inflammation, and that general bloodletting is especially indicated where the circulation is embarrassed by a sudden and great engorgement of the right heart and venous system. The author sets forth his views clearly, does full justice to the influence of Dr. Markham's observations, and adopts many of Dr.

George Johnson's illustrations explanatory of the effects of topical bloodletting. With the exception of iritis, which is apparently retained for the purpose of elucidating the remedial action of mercury, diseases of the eye are expunged from this edition of the lectures. *En passant*, we may add Sir Thomas Watson remarks that M. Jukes de Styrap has found a combination of chlorate of potash and sulphur, ten grains of each, taken every four hours, almost a specific for mercurial ptyalism. We must pass over the subject of Delirium Tremens, simply remarking that Sir Thomas Watson takes note of the important observations of Dr. Ware of Boston, Dr. Peddie, Professor Laycock, and Dr. W. T. Gairdner, as to the self-limiting character of this disease, and that in his epilogue he advises the administration of chloral in preference to opium. Sir Thomas also endorses Dr. Begbie's strong praise of bromide of potassium, stating that he has found it very efficacious in restoring sleep. In Lecture XXV., after dwelling upon Hemiplegia and adopting Dr. Broadbent's theory to account for the differences in the muscles affected, the subject of Aphasia is discussed, and the reader is furnished with a clear *précis* of the labours of the best and most recent writers and of the views entertained by different authorities. When we consider the large number of observations that have been made, and the work that has been done of late in connexion with diseases of the nervous system, the lectures on this subject afford strong evidence of the author's desire, as well as of his power, to appreciate and assimilate information. The writings of Drs. Brown-Séquard, Hughlings Jackson, Broadbent, Wilks, Moxon, Lockhart Clarke, Bastian, Maudsley, and others, are skilfully laid under contribution, and woven into pattern in order to tell the story aright; and the meed of merit that belongs to each man's labours is set forth with discrimination. The subjects of Epilepsy, Locomotor Ataxy, and Wasting Palsy are briefly discussed—somewhat too briefly we think, and without sufficient reference to the advantages derivable from the application of the different instruments and apparatus used in the diagnosis and treatment of these and other nervous diseases.

Fistula, Hæmorrhoids, Painful Ulcers, Stricture, Prolapsus, and other Diseases of the Rectum; their Diagnosis and Treatment. By WILLIAM ALLINGHAM, F.R.C.S., Surgeon to St. Mark's Hospital for Fistula, &c. pp. 239. London: J. & A. Churchill. 1871.

MR. ALLINGHAM has in this work brought together his experiences as one of the surgeons of St. Mark's Hospital, where of necessity a large number of rectal diseases come under observation. The work, which does not pretend to be a systematic and exhaustive treatise, is full of practical hints, and shows that the author has taken advantage of his opportunities of acquiring a practical acquaintance with the diseases in question.

In the treatment of fistula Mr. Allingham is a decided advocate of a free incision, and especially of laying open any sinuses which may lead away from the original fistula. He also advocates the practice of cutting away loose "tabs" of skin between the sinuses, since they undoubtedly hinder the healing of the sinus. The question of operating on fistula in phthisical patients is fully discussed; and the conclusion arrived at is that if the fistula gives much inconvenience it may be relieved with safety with certain precautions as to hygiene, &c.

The subject of hæmorrhoids is gone into at length; and Mr. Allingham describes what he regards as the best treatment (and we fully agree with him)—viz., the application of a ligature to the base of the pile after freely incising the submucous tissue, as recommended originally by Mr. Salmon. Some well-directed and not quite unmerited hits are directed at the "improved clamp" so much belauded by its improver, though Mr. Allingham states fairly enough that he employs it in slight cases of internal hæmorrhoids, where there is no hypertrophied skin.

Fissure, polypus, ulceration, and stricture of the rectum are all treated at sufficient length, and in a manner showing the author's practical acquaintance with them. On the subject of that troublesome affection—pruritus ani—two novelties struck us: the first, that loss of the natural pigment of the part is regarded by the author as pathognomonic of the disorder; and, secondly, the suggestion to relieve the itching at night by the introduction of an ivory plug into the anus.

In the treatment of cancer of the rectum Mr. Allingham recommends recourse to colotomy at an early date; and his experience in a dozen cases is very satisfactory.

As a practical guide to the treatment of all affections of the lower bowel, the book is worthy of all commendation.

HEALTH OF HASTINGS AND ST. LEONARD'S.

THERE are certain places whose hygienic condition is more than a matter of mere local concern, from the fact that a large proportion of the general population annually flows into and out of them, and is consequently more or less brought under the influences for good or ill which they are capable of exercising. Of such places, our seaside towns are pre-eminently examples, and the question of their sanitary condition occupies every year an increasing share of public attention.

The means of satisfying inquiries of this sort are less complete than they might and ought to be; but with patience and painstaking, an approximative answer can mostly be gleaned from the official mortality statistics, especially if the results thus obtained can be tested by the light of local knowledge and experience. This is the case with Hastings, an excellent analysis of the mortality statistics of that town having been contributed by Dr. Greenhill to the *Journal of Public Health* in 1855 and 1856; and our present purpose is to discover, if possible, whether in point of health Hastings has improved or retrograded since that paper was written.

Taking increase of population as an index of popularity, it is evident that Hastings has progressed rapidly in that respect of late years, for while the Census of 1861 showed an increase of 25 per cent. in ten years, the increase between 1861 and 1871 was 34 per cent. And it is to be noted that this increase has been caused mainly by immigration, by the arrival, that is, of nearly 10,000 new settlers in the twenty years; for out of a total increase since 1851 of 14,400, only 5300 are accounted for by natural growth—i.e., excess of births over deaths. It appears, moreover, that this growth of Hastings connects itself not with the extension of an industry, trade, or commerce, but purely and simply with the reputation the town has acquired as a health resort. Here we are dealing briefly with the town, or, to speak more correctly, with the *district* as a whole; and the broad view of its health condition shows that it experienced a mortality averaging 18·1 per 1000 annually in the ten years 1851–60, which was raised in the subsequent ten years (1861-70) to an annual average of 19·7 per 1000. The death-rate of all England, it must be remembered, was a little higher in the latter than in the former decennium. Dr. Greenhill puts the average annual mortality at 18·9 per 1000 in the ten years 1845–54, the rates ranging from 15·8 in 1854 to 25·4 in the cholera year 1849; in the ten years 1861–70, the rates, according to our computation, ranged from 18·0 in 1868 to 24·7 in the scarlet fever year 1864. One of the readiest tests of the health condition of a town is the degree in which zymotic disease is found generally to prevail; and Hastings makes a very good figure in that regard, for her death-rate from the seven principal zymotics (small-pox, measles, scarlet fever, diphtheria, whooping-

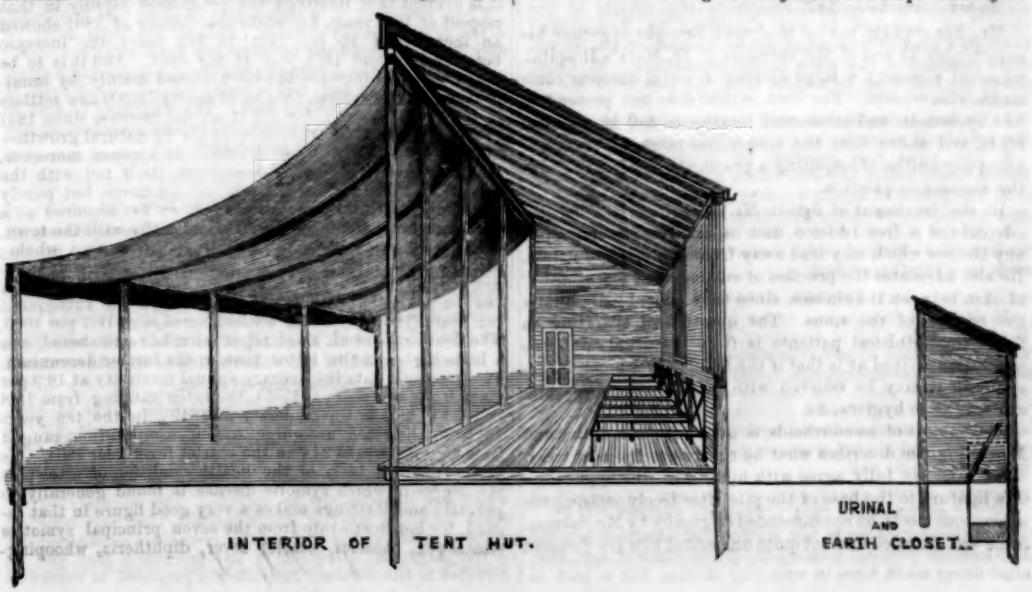
cough, typhus and other continued fevers, and diarrhœa) during the years 1861–69 averaged 2·9 per 1000 of the population annually, the corresponding rate for the whole of England being 5·0 per 1000. These diseases were, it is true, more fatal in Hastings by ·6 per 1000 annually in 1861–69 than in 1851–60, but then such diseases rose ·8 per 1000 in annual fatality in the aggregate of all England for the same periods. Taking another test—namely, the relative fatality of zymotic and pulmonary disease,—the facts show that, while on an average of twenty years in all England the zymotic and pulmonary death-rates are nearly equal, in Hastings the latter is nearly twice as great as the former. And it has been laid down by the Registrar-General that the predominance of pulmonary over zymotic mortality is a sign of healthfulness in a community. This falls in with what we notice in respect of the unhealthy year 1864, when the zymotic and pulmonary death-rates in Hastings were equal. The death-rate from phthisis in Hastings is stated by Dr. Greenhill to have averaged 4·0 per 1000 annually in 1838–47, and 3·2 in 1845–54; from 1851–69 the rate has averaged 3·2 per 1000, which is about ·7 per 1000 in excess of the average English rate. We regret not to be in a position to determine with precision how far the mortality in Hastings is dependent upon that uncertain element in all seaside town calculations, the *visiting* or non-resident population. At the time of the Census in April last, it is probable that from 4000 to 6000 visitors were in the town, who were, therefore, counted with the resident population, so that whenever the Census of 1871 is used as a basis of calculation, it needs to be remembered that the "visitor" element has, to a considerable extent, been taken into account. Dr. Greenhill attributed the high rate of mortality from phthisis "in a great degree, if not entirely, to the number of strangers who die in Hastings of this disease," while, as regards zymotic diseases, he was of opinion that the majority of the fatal cases originated in the town. For the last twenty years the death-rate of the whole town has averaged 19 per 1000 annually; while the following are the yearly averages for the three sub-districts which together make up the town: Oro, which includes the town workhouse, but is otherwise mostly outlying, rural, 21 per 1000; All Saints, the old town proper, with its hardy fishing population, lying nestled under the cliffs and along the valley between the East and West Hills, 21 per 1000; St. Mary, including the fashionable St. Leonard's, and almost all the parts frequented by visitors, 17·5 per 1000. But when Dr. Greenhill wrote upon this subject in 1855 the case was different; for then the death-rate was higher in the newer and more fashionable sub-district of St. Mary than in the older and poorer All Saints, a result held to be occasioned by the mortality amongst non-residents in St. Mary's. It would be most interesting to know the relation between the pulmonary and zymotic mortality of late years in St. Mary's and All Saints, for then we should be able to arrive at a knowledge of how far the general health of the town is affected by the presence of a large non-residential population.

The general conclusions which the facts, down to the latest date, seem to present are these:—1. That the growth of the town of Hastings since 1851 is almost exclusively confined to the visitors' parts, St. Mary's. 2. That the same parts of the town have experienced a death-rate 4 per 1000 lower than that of the strictly residential quarters during the last twenty years. 3. That, in so far as there are any data to go upon, it appears the mortality among visitors but slightly affects the general health-condition of the town as evidenced by its death-rate. And, finally, we remark that, notwithstanding a large accession of summer visitors, not a single fatal case of small-pox, measles, or scarlet fever has been registered during the last three months either in St. Mary's or elsewhere in the town.

In effect, it seems to us that Hastings well merits the favour in which it is held as a health resort.

THE AUSTRIAN AMBULANCE HOSPITAL AT ST. CLOUD.

WE have already noticed the excellent results which have been obtained at St. Cloud. As the question of temporary hospitals is one of great interest at all times, and if cholera should occur in the course of next summer will be of paramount importance, we have thought it worth while to present our readers with a sketch of what we regard as the most perfect hospital for summer use which has ever been devised. Each tent-hut consists of a wooden part open entirely on the front, and raised slightly from the ground. The wooden portion is four metres high at the back, and six metres high in front. The length is forty metres, and the width five. In front of this is a series of curtains made of canvas, which are raised upon poles exactly like the awning of a shop, and which can be lowered so as to close in the front of the hut more or less completely at night. Each hut contains twenty-four beds for the accommodation of twelve patients. No patient is allowed to sleep two nights consecutively in the same bed, and the unoccupied bed is exposed very freely to the influences of air and sunlight. In one hut there is a division between the patients consisting of a canvas sheet hung like the jib-sail of a ship. The object



is to treat the patients in the open air. During the hot weather the canvas awnings were rarely lowered, and in the afternoons the beds and patients were continually brought out on the grass. Each hut is provided with two earth-closets and urinals, which appear to act to perfection under the direction of an English contractor. The liquid matters, together with urine, suds, &c., are conveyed to a sink, which is supplied with water and disinfectants, the whole passing away to the Seine by a separate sewer. The entire arrangements were made by Baron Mundy and M. Danek, to whose courtesy we owe the opportunity of inspecting this admirable hospital. The results have been most satisfactory. No case of pyæmia or of hospital gangrene has originated in the hospital, whilst many serious cases removed from the Paris hospitals have recovered, the character of the wounds undergoing change for the better on the fourth or fifth day. M. Danek has successfully tied the common carotid; and a resection of the knee-joint promises well. As none but grave injuries have been admitted, the good effect of open-air treatment has been most marked, and the result, as compared with the treatment of the Prussians in the town of St. Cloud, almost beyond belief. In the town houses the wounded died like rotten sheep, whilst in the open air most extraordinary recoveries have been made. The structure here described appears to us admirably adapted to the exigencies of an epidemic. It is simple, cheap, readily constructed, and most efficient. To each hut there are two sisters of mercy and two assistants, or practically a nurse to three patients. The kitchen, dispensary, wine store, and official quarters are all of wood and canvas, and conveniently placed.

Foreign Gleanings.

PROFESSOR CROCQ OF BRUSSELS ON CHOLERA CONTAGION.

THE question of cholera is at present one of so much importance that all documents on the subject coming from recognised authorities, and bearing a practical character, must be noted with great care. Professor Crocq of Belgium, vice-president of the Brussels Academy of Medicine, has just communicated to the Paris Academy of Medicine the results of a series of experiments which he has carried on upon animals with the object of testing whether the alvine evacuations constitute the true vehicle of the choleraic virus. In all of the animals he has succeeded in producing most of the symptoms of cholera, and he finds that the alvine evacuations indeed constitute the vehicle of the virus, not, however, as was suggested by Pettenkofer, through a kind of fermentation, but because of the immediate presence of the virus in the evacuations. M. Crocq draws the following inferences from the results of his researches:—

1. Cholera is contagious, and is transmitted by a virus, the vehicle of which is the alvine evacuations.

2. The virus may manifest its effects even less than twelve hours before any evacuation of matter.

3. The period of incubation may be only of two hours; it may continue over one or two days, and even more.

4. All the subjects do not show a like predisposition to undergo the effects of the choleraic poison, receptivity may even be altogether absent.

PLEURAL HYDATIDS.

M. Moutard Martin has under his care, at the Hôpital Beaujon, Paris, a lad of seventeen, who was far advanced in all the symptoms of pleuritis with effusion. A fine trocar, aided by the vacuum syringe, failed to evacuate more than a few drops of pus. The regular operation for empyema was now performed; much purulent matter was discharged, and after it several flaccid hydatids. Profuse syringing with water and alcohol was now resorted to, and the patient is expected to do well.

FRACTURE OF THE SHAFT OF THE HUMERUS BY MUSCULAR CONTRACTION IN A SYPHILITIC PATIENT.

On the 4th of August last M. Verneuil admitted into the Lariboisière Hospital a man forty-three years of age, who, after using much force in wringing clothes, felt a pain in his arm, and heard a distinct crack. On examination, it was found that the shaft of the right humerus was broken. The patient had various cutaneous signs of syphilis upon him, and stated that he had suffered from the disease eight years before. A proper apparatus was applied, iodide of potassium was ordered, and in a few weeks afterwards consolidation had taken place. Pain had been felt a few weeks before admission, so that it may be inferred that syphilitic osteitis had here taken place.

SEDATIVE PILLS IN BLENNORRHAGIA.

M. Van den Corput recommends the following pills in cases of inflammatory erections in gonorrhœa, or in the genesic erethism of children: Extract of belladonna, two grains; lupuline, twelve grains; camphor, twelve grains; for eight pills; from two to four at night. The dose of belladonna seems rather large.

New Inventions.

THE NEW MINIATURE DISPENSARY.

MOST of our readers are familiar with the elegant and useful contrivances introduced by Dr. Kirby a few years since for the purpose of facilitating the administration of remedies at the bedside; they cannot therefore be regarded as new inventions. The new dispensary, however, appropriately called the "Vade Mecum," is so novel in its design and construction as to be worthy of special notice. The ready method of administering remedies is very inviting to the hard-worked practitioner, but especially to those who practise in country and colonial districts, as it provides them with the means of treating on the spot almost every case that may come under their notice.

The Vade Mecum contains nearly a hundred of the most active remedies in the Pharmacopœia. About half this number are simples, prepared in definite strengths or doses, available for instant use, either as simples or forming a variety of compounds. Amongst these we find calomel, opium, antimony, blue-pill, croton oil, colocynth, ipecacuan, quinine, iron, &c. The remainder are non-officinal compounds, fluids as well as solids. They consist of remedies prepared according to formulæ which the experience of the large metropolitan hospitals has proved to be exceedingly useful: the Pil. alterativa, Lond. Hosp.; Pil. expectorans, Guy's; Calomel et Opii, Royal Ophthalmic; Pigment. Iod. of both the London and King's; &c.

These remedies, it is sufficiently obvious, are applicable to the great majority of cases. Indeed, the cases must be very rare that could not be efficiently dealt with.

When closed, the dispensary has the appearance of a small elegant travelling bag, and is easily carried; when open, it can be used as a writing desk. The bag may be seen at the laboratory, Newman-street, W., where members of the profession may obtain all particulars.

VULCANITE URINOMETERS, &c.

AT the suggestion of Mr. Pollock, Messrs. Blaise, of St. James's-street, have turned their attention to the adaptation of vulcanite to the manufacture of Urinometers, Hydrometers, Alcoholimeters, Saccharometers, and other instruments for indicating the density of liquids; and they have found, it seems, after repeated trials and tests, that it is better suited to the construction of the above-named instruments than either glass or metal.

Vulcanite is perfectly proof against all kinds of acid, except bisulphide of carbon. Instruments made with it therefore do not get out of order or break, if used with ordinary care; whereas slight taps will often break those made of glass, or a fall will injure those made of metal, which are likewise apt to corrode. The vulcanite instrument takes its gravity much quicker than one made of glass or metal, and is cheaper and more durable than either.

We think the attention of the profession may well be directed to the different instruments prepared in vulcanite

THE LANCET.

LONDON: SATURDAY, OCTOBER 28, 1871.

MR. STANSFELD has been entrusted by the country with a most important duty. Until the present generation there was absolutely no general legislation on the question of public health. The common law of England, which took its character from the prevailing ideas and manners of an imperfect civilisation, looked upon filth as an affair of course, and on epidemics as visitations utterly beyond the control of man; and although the improvement in the general condition of the people during the present century has led to a marvellous reduction in the mortality from preventable diseases, it cannot be said that there is as yet that high appreciation of the value of healthy human life which we venture to predict will be the characteristic of the coming time. In the past, the powers of production were only a little a-head of the wants of the consumers; wealth accumulated slowly; society suffered in common, and enjoyed in moderation. But in recent years the powers of production have been indefinitely augmented, and the only limit placed upon the acquirement of means to satisfy all reasonable wants is the enjoyment of sufficient health and education to enable the individual to assist profitably in the wealth-producing processes. The further danger to society does not lie in the number of the labouring class, but in the fear that conditions may be permitted to continue which, being relics of the ignorance and barbarism of the past, or outgrowths of the necessities of modern life, should so seriously reduce the productive powers of a large proportion of our population as to make them permanent burdens on the rest.

None can doubt that there is a serious social danger near at hand. Look at the deteriorating causes which affect the public health. First, the transfer of so large a proportion of our population from the healthful pursuit of agriculture to the unwholesome dwellings of towns. This effect is by no means measured by the difference in the mortality; but it is seen in the augmented proportion of sickly children, in the stunted growths and narrow chests of adults, in the premature manhood and early decay which prevail, in the shortened period of productive life, and in the premature old age which encumbers the labour market and fills our workhouses. It is the useless and worn-out humanity, with which we cannot deal, that is likely to embarrass our future progress; and it is to the reduction of this by preventive measures that our attention must be turned.

Nor will it be possible for the statesman to ignore the dangers which surround the subject from the Darwinian point of view. For although we cannot doubt that every sanitary improvement tends to raise the standard of the public health, and that every life saved represents in principle a substantial gain, yet it must not be forgotten that the problem is not how to increase our population, but how to raise the largest possible proportion of perfect individuals. Under permanent conditions of imperfect health, the effect of medical science is to save the lives of many infants who, surviving, never earn their cost, and to prolong the existence of invalids and aged persons who can no longer work with any profit to themselves or the State. Sanitary improvements, in their incompleteness, will, for a time at least, tend to a like result; and it will be the duty of a statesman to consider how he may most safely mitigate those selecting influences which, by killing off so large a number of feeble individuals, secure the propagation of the most healthy without unduly encouraging the burden of a feeble and non-profitable class.

We regard it as a matter of congratulation that the question of sanitary legislation has fallen into such promising hands. Mr. STANSFELD takes up the matter as a new study. He is committed to nothing; he has no crotchets to ventilate, no prejudices to get rid of, no predilections to indulge in. All his antecedents show that he is of a thoroughly liberal mind; and we hope that he will be able to avoid, on the one hand, the Scylla of "*laissez faire*," without, on the other, falling into the Charybdis of "imperialism." He will have to weigh well the advice of doctrinaires who have remedies to propose for every evil and systems cut and dried to meet every difficulty; and he will have to remember steadily the great principles of personal freedom and individual self-reliance which have been the means of raising us to our present rank in the scale of nations. His task is difficult, but not hopeless; and it will be successful in proportion as the law in his hands becomes the teacher, and not the master, of the people.

WE have often directed attention to the immense range and extent of subjects which are now included in the medical curriculum for an ordinary licence. The most diligent student may well be daunted by the task which lies before him when he first enters a medical school. With a very short allowance of time, he has to make himself acquainted to no small extent with ten or twelve great subjects. He is told that all are necessary in order that he shall be able to cure disease; and he soon learns that he is, at any rate, certain to be examined in them at the close of his student's career. The despair of the student is often equalled by that of his teacher, who knows how impossible it is that justice shall be done to his teaching, and who is fully aware, if he properly examines his pupils, how small a part of what he has said has really been taken in by them. These facts have impressed themselves on many persons, and we are now getting to that first stage of action which is usually expressed as a general conviction that "something must be done." The "something," however, is often a stumbling-block, for few are agreed what it should be. Should the number of subjects be lessened?—should the time given to them be shortened, so that one subject may not crowd in on another?—or should the examinations of the licensing bodies be restricted, and the ground they should cover defined, by authority? Or should all three plans be adopted?

At this moment Drs. HARVEY and DAVIDSON, of Aberdeen, have very opportunely raised the question as regards one subject—materia medica; and we earnestly commend their

little pamphlet,* and Dr. HARVEY'S remarks, to all teachers, not only of materia medica, but of the other subjects in the curriculum. Dr. HARVEY urges that a selection of the most important pharmacopœial preparations shall be made by authority; that the student shall be examined only in these, but that he shall be expected to know thoroughly the selected subjects. "If," says Dr. HARVEY, "the *entire* subject, indiscriminately, shall be insisted on as the *measure* of a candidate's knowledge of it, and as the *range* of the pass examination, then it is simply impossible for nine-tenths of the class to do more than acquire a mere smattering of it..... Far better would it be for students to master well, thoroughly, *so much* of the subject. This done, the rest would follow as a matter of course."

As to the pass examination, Dr. HARVEY says truly that, though so extensive in its range and professedly high in its standard, it is not really so. What it does is to compel the student to get up something of everything; and this implies for nineteen-twentieths of students that they get up nothing well.

The worst of all this is that the confusion becomes every year greater with the progress both of the strictly medical and the collateral sciences. Teachers have debated the point, associations have been formed, much good counsel has been given; but year after year the position gets worse. Something must be done, and we invite the earnest attention of all who are interested in medical education to the question of what that something should be.

WE have before us a copy of the report of a meeting of the governors of the Bedford Infirmary, which is worthy of notice on several grounds. It serves to illustrate the ignorance that prevails among some of the governors of an important provincial hospital as to what are the primary hygienic requirements of a building in which sick and maimed people have to be treated—an ignorance that would be ludicrous were it not lamentable. And the report does more than this; for it shows there is nothing so impermeable to reason as that self-satisfied bliss which so commonly attends on ignorance. The facts are simply these:—About six months ago a Committee was appointed for the purpose of making inquiries respecting the space allowed to patients in other hospitals, and the expediency of increasing that provided at Bedford. In due time the report was made, and it was considered at the meeting in question. What strikes us as a very practical and judicious communication was first of all read from a Mr. H. W. SHARPIN, who speaks of having known the Bedford Infirmary for twenty-six years, and in which it was pointed out that each patient requires 1200 cubic feet of air; and that to give this, and afford accommodation for eighty-two patients, it will be necessary to extend some of the wards in the south wings of the infirmary. The Committee report that the present accommodation in the infirmary is inadequate, and that the number of beds would have to be reduced to fifty-seven to give 1200 cubic feet to each. Having also examined the question of accommodation in the infirmary with reference to the average number of in-patients, the Committee consider that the building should be enlarged so as to provide a minimum of 1200 cubic feet for at least eighty beds. We are bound to say that these recommendations were proposed, seconded, and supported by those governors possessed of the necessary information to form a correct opinion on the subject; but as the majority of them knew little about sanitary measures, and cared less apparently, the propositions of the Committee were shelved.

The space in the Bedford Infirmary is a little over 736 cubic feet, with a superficial area of 64½ ft., to each bed. Some of the wards go as low, we understand, as 346 cubic feet per bed; and in one ward, which is nearly always filled with surgical cases, the distance between the bedsteads is 30 inches! The waterclosets are in the main building, and, during the prevalence of certain winds, are ventilated into the corridors. We might be thought to have said enough to show the necessity for providing some additional space and other arrangements than those now existing. Not so. One humorous orator urged that a good cottage would give something over 1500 ft. for a man, wife, and baby, besides a sick nurse; and look at the great benefit of the change in a person coming from such a house to a large, airy institution like the Bedford Infirmary! Besides, this local orator had always consulted one physician throughout life, and that was Nature, and Nature taught them the value of warmth. The enunciation of broad principles of sanitation like these would not suffice without an illustration in point, and, to do Mr. HURST justice, the illustration was both appropriate and refined: the sow huddles up herself with her young; and "even pigs put their noses together"! The effect on the nose of the human animal, however, he did not mention. The President, among other things, stated that "when he entered the accident ward, he found a soldier, a navvy, and other sensible fellows, who were quite satisfied with the place, as the air was pure." One gentleman disputed the ward measurement because the corridors had not been included in it, as they gave the same advantage as if they were within the four walls. We had always imagined that corridors were most objectionable things; that they acted as funnels to disperse the impure air generated in one part to every part of the hospital, and if the waterclosets communicate with the corridor, the distribution of air to the patients in the wards might certainly be dispensed with.

We need not dazzle the eyes of our readers' understandings with the flood of light that some of the speakers at Bedford have cast upon the difficult subject of hospital hygiene; but we may notice one point which has an apparent, and only an apparent, bearing on the subject—Dr. EDWARD SMITH'S statement to the effect that 660 cubic feet was the Poor-law allowance to each bed. The cases are totally dissimilar, as everyone knows. Perhaps the governors may be disposed to listen to a fact of which we will make them a present, and it is this: By the regulations of the War Office it is imperatively laid down that every soldier in hospital is to have 1200 cubic feet of air as a minimum. Now the majority of military patients are not suffering from dangerous diseases or surgical accidents; and the War Office authorities are supposed to know what they are about, and, on financial grounds, to provide no more accommodation than they deem essential. And we may add that,

* The Articles and Preparations of the British Pharmacopœia pointed according to their Relative Values. Aberdeen, 1871.

unless the ventilation be likewise good, this provision is by many authorities considered insufficient to maintain a pure ward atmosphere.

THE recent correspondence in *The Times*, and particularly the letter of Mr. ERICHSEN, on the necessity for an international copyright between this country and the United States, has an especial interest for the medical profession. It is doubtless true that in the matter of novels and poems British and American publishers have not much dirt to throw, since each is ready enough to reproduce any work on which there is likely to be a run. The case is very different, however, as regards scientific and especially medical publications. It is notorious that almost every British medical work of any pretension is immediately reproduced on the other side of the Atlantic, without the slightest reference to the author's wishes or the least regard to his pecuniary expectations. If anyone doubts this, he has only to turn to the catalogue of works published by HENRY C. LEA (late LEA and BLANCHARD) of Philadelphia, and he will find all well-known English works advertised at less than their publishing price. The catalogue before us happens to be one dated 1867, and we find it contains the titles of 168 medical works, of which no fewer than 115 are reprints of English authors.

It occasionally happens that, when an author of several standard works has had the mortification of seeing many editions of his books go to swell the profits of his American publisher, he at last receives, if very lucky, a moderate cheque as an acknowledgment of his involuntary services; but these angel-visits are so few and far between that Mr. ERASMUS WILSON, some few years back, called attention to one such occurrence as an extraordinary event, in his preface to a new edition of his Manual of Anatomy. The great majority of English authors get nothing for their works; some few of established reputation occasionally get small payments for "advance-sheets"; and occasionally a lucky author may export some copies of a work at a very low figure. The case of Mr. ERICHSEN is particularly flagrant, since it was the American Government, and not a private firm, which circulated the pirated copies of his work, though we have little doubt that some publisher really secured the profits on the transaction.

The retort that we republish American works has no foundation in fact—at least as regards medical works. Such standard works as DALTON'S Physiology, GROSS'S Surgery, BUMSTEAD on Venereal Diseases, HAMILTON on Fractures, &c., though well known and highly appreciated in this country, have never, so far as we know, been reproduced here, nor is it probable that any respectable medical publisher would lend himself to a transaction of the kind. Not only, however, do the Americans republish, but they kindly edit our works for us; and thus an author who is justly looked upon as an authority here finds that he requires assistance to bring him up to American notions of perfection. This is not so annoying, perhaps, as the treatment of the illustrations of a standard work. A piratical American publisher has necessarily a large number of woodcuts on hand, and these it is becoming the custom to insert at the "editor's" discretion, and without much regard to the text. Even in *bonâ fide* American books, such as GROSS'S Surgery, we continually meet with old friends out of LISTON, FERGUSSON, DRUITT, &c., though this is comparatively a small evil.

We have heard it maintained that the English author is repaid by the increased reputation the distribution of his work gives him in the United States. No doubt reputation is increased; and we happen to know, for example, that Mr. ERICHSEN'S name is as well known on the other as on this side of the Atlantic. But here the benefit ceases; for patients are scarcely likely to be induced to cross the ocean to consult a successful author; and the practice of affixing a native editor's name to every title-page has a directly counteracting effect.

Medical Annotations.

"Ne quid nimis."

MEDICAL SOCIETIES AND POLITICAL AGITATION.

THE address delivered by Mr. Coates, at the meeting of the Salisbury Medical Society, and given at length in our columns last week, raises questions of very considerable interest alike to the profession and the public. It asks us, indeed, to consider how far it is the duty of good citizens to unite, or to avail themselves of existing forms of union, in order to stem the torrent of noisy and unscrupulous agitation which is now habitually employed in defence of vested interests, and against wholesome proposals of reform. The fact seems to be that our politicians are too much disposed to accept as the voice of the nation, and as the basis of important or even fundamental changes in the law, any turmoil that may be raised by people who live by agitation, and who are masters of all the arts by which mobs may be collected before platforms. If we take Mr. Coates's own example, the question of the Contagious Diseases Acts, there can be no doubt whatever that their repeal would be utterly opposed to the sober judgment of ninety-nine hundredths of the educated inhabitants of this country. But because a number of persons, whom it would be a whimsical exaggeration to describe as thirty thousand, are clamouring for this repeal, there is said to be some danger that the opinions, the wishes, and the safety of the remaining thirty millions or so will be set at nought, and the repeal carried into effect. Hypocrisy is described as the homage paid by vice to virtue; and because the agitators on this question have had the skill and the audacity to shriek out their demands in the name of religion and morality, we find that the words, like bugbears used to frighten children, have actually induced some to believe that questions of religion or morality are indeed involved. We have reason to believe that the real agitators are very different from those who appear to the public eye, and that of the customary platform spouters, although some are doubtless dupes, others are only tools. We feel that all alike are public enemies so dangerous that their "conscientiousness," if it exists, only aggravates their offence; and that their success, if they should unfortunately succeed, would be even a worse evil as a precedent than by reason of the contagion it would let loose, the lives it would embitter, and the innocence it would destroy.

What, then, is the duty of citizens? Surely Mr. Coates is right in saying that we should avail ourselves of every form of union that exists amongst us, and should employ all the actual machinery that we have, in order to give

utterance to our opinions on public questions, and to leave politicians without excuse for surrendering the rights or the liberties of Englishmen at the demand of the tailors of Tooley-street, or of some so-called society, consisting chiefly of an active secretary and a box for the reception of contributions. We may reasonably hope that increased education and an extended franchise will work a change before long in the aims of the national representatives, and will make them more solicitous to promote the general good than to vote in blind submission to party leaders; but, in the meanwhile, and before this change has taken place, we run a risk of having some yoke fixed upon our necks by the pertinacity of a handful of brawlers. We shall best maintain our respect for law if we keep a vigilant watch over all attempts to bully or to cajole our lawgivers; and this work is one in which we may engage without ourselves taking part in political controversy, and quite irrespectively of our individual political opinions. Conservatives and Liberals alike, and peaceful persons of all sorts, have a common interest in asserting the superiority of deliberation over clamour, and the members of our profession especially in matters that directly affect the public health.

SLAUGHTERING UNDER ANÆSTHESIA.

WE referred last week to the very interesting paper, read before the Medical Society by Dr. Richardson, on the subject of the use of anæsthetics to banish the pain and terror which now attend upon the operation of slaughtering. Dr. Richardson pointed out, with great accuracy, that, although some animals appear to witness the death of others without emotion, yet this is not universally the case; and he mentioned the pig, as having, of all the lower animals, the greatest moral fear of impending death. Dr. Richardson thinks that the aggregate of misery inflicted upon the creatures killed for human food is something too horrible to contemplate; and he has for a long time hoped to arrive at some merciful and humane manner of inflicting the inevitable blow. At one time he thought it might be possible to kill by an electric shock; but experience showed practical difficulties too great to be overcome. He then sought for an anæsthetic, as a preparation for the knife or the pole-axe; the object being to discover an agent that should be sufficiently cheap; that should be simple, easy, and safe in application; that should be rapid in action; that should not interfere with the flow of blood; and that should not in any way alter the taste, odour, appearance, or essential qualities of the flesh. All these requirements were fulfilled by a combination of coal gas with bichloride of methylene. Dr. Richardson exhibited a simple apparatus, consisting of a tin reservoir, made to hang on a nail in the wall of the slaughter-house, and intended to contain the bichloride of methylene. To this reservoir two india-rubber tubes were attached, one to be connected with a common gas-jet, the other terminating in a tin funnel, large enough to receive the nose of a sheep, and furnished with a strap and buckle, like those of a muzzle, for fixing it on the head. The muzzle being placed, the tap of the gas was to be turned, and the gas suffered to bubble through the bichloride, and to pass on to be breathed by the animal. In a minute, perfect insensibility to pain would be produced; and the animals were found to breathe the gas quietly, without struggling or apparent dread. For large slaughter-houses Dr. Richardson had designed a sort of passage, divided into chambers by doors which would open to admit an advancing truck, and would close as it passed through. The central chamber would be filled by the mixed vapour, and mere passage through it would render the animal insensitive to the knife, which would await its exit. The cooked flesh of a fowl, killed in the manner described, was handed round to be tasted; and was pronounced absolutely free from unnatural odour. We cordially hope that Dr. Richardson may succeed in carrying his beneficent intention into effect; and we would recommend the Society for the Prevention of Cruelty to Animals to take the matter up in a practical way. A few premiums or medals to slaughterers, for the skilful and effectual use of an anæsthetic, would probably do more to promote the objects of the Society than their whole machinery of penalties and informers.

THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THIS Society commenced its session on Tuesday evening, the President, Mr. Curling, in the chair. The first paper read was by Mr. Le Gros Clark, on a case of impaction of a biliary calculus in the small intestine; and gave rise to some observations, from Drs. A. P. Stewart and Habershon, upon the diagnosis of this form of obstruction. The next paper was by Mr. Warrington Hayward, on the relative merits of ether and chloroform as anæsthetics. The author was disposed to consider ether the more safe of the two agents, chiefly on the ground that the principal risk incidental to the use of chloroform is due to its effect in enfeebling the action of the heart; while ether, on the other hand, sustains the power and activity of that organ. An interesting debate followed, in which the President, Mr. Spencer Wells, Dr. Sansom, Dr. Day, Mr. Holmes, Mr. Clover, and other Fellows, took part.

Some hope had been entertained that the new reading-room would be thrown open for the occasion; but this hope was frustrated by the British working man, who still retains possession of the new premises, and whose recent presence in the library was rendered manifest by evil odours of fresh paint and of escaped gas. The library has been, in a purely technical sense, "decorated"—such decoration not being at all synonymous with adornment. The spaces and pilasters between the bookshelves have been painted to imitate (we had nearly written resemble) light-coloured marble; the dinginess of the backs of the old books is thrown into relief by a coat of light paint over the woodwork of the doors and shelves; and the busts of bygone worthies have disappeared from view, leaving a staring monotony of wall space that is very painful to contemplate. We trust that these busts will not themselves be painted; or that, if they are, the colouring may be such as a herald would blazon "proper."

THE PERIPHERAL DISTRIBUTION OF NON-MEDULLATED NERVE-FIBRES.

A PAPER appears with this title in the October number of the *Quarterly Journal of Microscopical Science*, by Dr. E. Klein, in which he gives the results of his observations, accompanied by two beautifully-drawn plates, on the mode of termination of the nerves in the cornea and the membrana nictitans of the frog, the ciliated canal in the tail of the rabbit, and in the mesentery of the same animal. He gives the following excellent method for obtaining good preparations of the cornea. He carefully cuts it out from the just killed animal, and places it, with the convex surface upwards, in a watchglass, with a pure ½ per cent. solution of chloride of gold. In three-quarters of an hour he transfers it to a vessel containing distilled water, where it remains exposed to light for from six to ten hours. Its colour has then become of a steel grey. It is then placed in a small wide-mouthed flask containing a little filtered and nearly saturated solution of tartaric acid. The cornea now assumes a greyish-violet colour, and the flask containing it

is immersed in a capsule containing water at 120° or 130° Fahr. In a few minutes the colour darkens considerably to an intense violet-red, and ultimately to a dirty dark-brown red colour. It is then washed for two hours or more in common or distilled water, and is now fit for the preparation of specimens, and laminæ may be torn off with forceps, commencing at the scleral border. The specimens thus obtained require a good light for their examination. Dr. Klein proceeds to describe the distribution of the coarser, and then the finer, nerve fasciculi, and shows that having reached the base of the epithelial cells on the anterior surface of the cornea, and forming there a deep intra-epithelial network, they run up between the cells, and form plexuses between the most superficial layers, being all but exposed on the surface, from which they are separated by one or two only of the thin laminated cells, and forming here a superficial intra-epithelial plexus. He does not exhibit in his drawings any free extremities, and regards Cohnheim's terminal knobs as being only intercalated swellings in the course of the nerves.

THE MIDDLESEX HOSPITAL.

WE regret to find from Dr. Cayley's letter in our last issue that a perfectly innocent notice respecting University College Hospital has driven the hyper-æsthetic staff of the Middlesex Hospital to rush into print in order to deny what was never asserted. We never asserted that students from University College would be admitted to the practice of the Middlesex Hospital on any but the same terms as other occasional students; nor did we imply any arrangement between the authorities of University College and the Middlesex staff; we merely quoted *verbatim* the prospectus of University College, which we now give *in extenso*, to show our authority:—

"N.B. Gentlemen, either present or future students of the Faculty of Medicine, who may wish to enjoy, in addition to all the privileges of perpetual students of the hospital, the right to attend for one year (or any shorter period) the clinical practice of the Middlesex Hospital, in which they will be eligible to hold clerkships, dresserships, and other offices, may do so at any time during their studentship (so long as the present regulations of that hospital continue in force) on paying a sum which, with their previous payments for hospital practice, will make a total of £30; on condition, however, that they attend at the Middlesex Hospital during the year immediately succeeding such payment."

With regard to the last paragraph of Dr. Cayley's letter, which states that "the large field for practical study afforded by the Middlesex Hospital has never yet failed to secure an ample supply of eligible candidates," we may say that our remarks obviously had reference only to the filling up of Middlesex clinical appointments *by its own pupils*; but as our statement has been challenged, we have thought it right to inquire into the matter more fully, and with the following results:—There are seven residents in the Middlesex Hospital. The resident medical officer is, and has always been so far, a student of the school. The present senior house-surgeon is an Aberdeen man who was never in the place until the day of his election to the post. The junior house-surgeon is a Middlesex student. Of the three physicians' assistants two are from University College, and one from Edinburgh. The obstetric assistant came from University College. During the last two years two of the four house-surgeons have been aliens, one from University College and one from Aberdeen. Of the six physicians' assistants who have held office during the same period not one was a Middlesex man; four hailed from University College, one from Edinburgh, one from Aberdeen: indeed, twelve strangers have held this post in direct succession, without the interposition of one Middlesex student; six of the dozen coming from University College, three from Aberdeen, two from Edinburgh, and one from Cambridge. Three out of the four resident obstetric assistants who have held office during the last two years were trained in the school.

We have thus disposed of Dr. Cayley's statements, and have to express our regret that he should have allowed himself to follow the bad example of a colleague in sending his letter as a circular to papers in which no previous notice of the question at issue had appeared.

THE CONJOINT EXAMINATION SCHEME.

THE proposition carried at the last meeting of the Council of the College of Surgeons, which we announced last week, clears away, we suppose, the last difficulty in the way of an amalgamation between the Colleges of Physicians and Surgeons for the purposes of examination and of issuing diplomas. It is remarkable that the College of Surgeons should have come back to the original proposal, though it was at first demurred to and given to a committee for consideration. The College of Physicians, at his Comitia on Thursday, finally agreed to this proposal; and it now only remains for the General Medical Council to give its consent under the Medical Act of 1858, so as to allow of the fusion in question.

In order to get at the practical working of the proposed scheme of division of fees, we may take the present income of the College of Surgeons from the membership diploma, adding £10 for each diploma issued to represent the additional fee to include the College of Physicians. The sum produced by the membership diploma during the last financial year was close upon £8000; and if we add £10 for each of the 291 diplomas issued, we have in round numbers the sum of £11,000. The proposed scheme is, that one-half of this should be devoted to all the expenses of the examinations, and that the remaining moiety of £5500 should be divided into thirds. One-third is to go to the support of the Museum of the College of Surgeons and its unendowed professorships, one-third for the maintenance of the *personnel* of the College of Physicians, and one-third similarly to that of the College of Surgeons. This will give the Hunterian Museum and each of the Colleges some £1800 a year apiece, irrespective of other sources of income. With this income, it will, we imagine, be perfectly possible to carry on satisfactorily the establishments in Pall-mall and Lincoln's-inn-fields, if due economy be observed and proper supervision exercised over the subordinate officials. The Hunterian Museum will be upon a somewhat shorter allowance than heretofore; but if this prove insufficient, Parliament must be appealed to for a grant in favour of what the Council of the College of Surgeons properly characterise as an "institution of national as well as professional importance."

LEGALISED MANSLAUGHTER.

APART from the misfortune that has befallen the whole neighbourhood of Chesham in the loss of a well-known surgeon, the particulars of Mr. Faithorn's untimely death are not without considerable public interest in a sanitary point of view at the present time. Mr. Faithorn and his junior partner, were the only medical men in the town, where the former had practised for nearly thirty-five years, during which time he hardly left his own house for a night. A malignant form of typhus fever broke out in the lower parts of the town, in consequence of that neglect, or defiance, of all the rules of cleanliness, ventilation, and drainage, in which the local authorities of so many country places persist, until some pestilence convinces them of what

they will never be convinced by anything else. Mr. Faithorn, we are assured, had never tired for years of impressing upon them the danger, and of imploring them to take proper measures to avert it. Soon after the outbreak of fever Mr. Churchill (the junior partner) was attacked, and is only now recovering from a dangerous illness. This left Mr. Faithorn, already worn with fatigue and anxiety, to carry on the whole practice. He was untiring in his efforts to mitigate the sufferings of the poor people, many of whom were, for a time, even destitute of nurses. He took the fever, but worked on for several days, until he at last broke down, and in twelve days from that time he was dead. Mr. Holmes, of St. George's Hospital, with others, laboured hard to preserve his life without avail. The fever still continues to spread among the poor after a lapse of six weeks. The death of Mr. Faithorn is felt to be a great misfortune in the neighbourhood, where his great energy and kindness for so many years had endeared him to all classes. A braver, more unselfish, or more modest man could not exist, and he fell a victim to those very sanitary defects that he strove in vain to remedy, and which still prevail in so many rural districts to indicate the necessity for stronger laws to deal with them.

THE LOCAL GOVERNMENT BOARD AND HOMŒOPATHY.

MR. ARCHER'S appointment at Southampton has been made the subject of an official communication received by the Guardians of Southampton from the Local Government Board. The Board explains that every person appointed to the office of medical officer must be qualified by law to practise both medicine and surgery, and also elected by a majority of the guardians. When these requirements of the Board's order have been fulfilled, the person appointed is legally in office. Mr. Archer appeared to possess the requisite legal qualifications, and to have been duly appointed by the guardians; and he was, therefore, legally in office at that moment as medical officer for the second district of the Southampton Incorporation. If it should hereafter appear that, in consequence of the appointment now made, the sick poor of the district had not due facilities for obtaining medical treatment according to ordinary and recognised allopathic methods, a case for the Board's interference would then have arisen. At present, however, there appears to the Board to be no sufficient ground for asking Mr. Archer to resign the position to which he had been duly appointed.

We cannot but approve of the Board's view of the case. To have called upon Mr. Archer to resign on the ground of a certain abstract theory of the action of remedies would have been to make Mr. Archer a martyr, and even homœopathy can be made important by this course. Neither the Local Government Board nor we have any other interest in this matter than the satisfaction of the poor. If they fall into violent love with globules, and prefer to have their diarrhœa treated with elaterium, probably no one will complain, and the progress of scientific medicine will not be hindered. On the other hand, if they should be dissatisfied, the case will be very serious. The case of a private patient is very different from that of a pauper. The homœopathic guardians of Southampton know very well that homœopathy is soon mistrusted by its believers when disease assumes a serious aspect, or when pain or agony cries for relief, and that then the scientific physician is called in. The pauper of Southampton will not be able to take this course, and we cannot but consider that his case is a hard one. Possibly, however, no harm will arise. Medical practitioners have long known that homœopathy is in a demoralised state, and that every man does what is right in his own eyes, without much reference to Hahnemann, who would be very much shocked by many of his professed disciples could he see their practice in the present day.

THE THEATRES OF ST. THOMAS'S HOSPITAL.

IN the matter of theatres the new hospital of St. Thomas is certainly remarkable, but peculiar; indeed, if the abnormal development of one portion together with a stunted condition of another portion of a system constitute a monstrosity, St. Thomas's Hospital, in regard to its theatres, is a monster. Its lecture theatres are altogether out of character with the vast and costly building which looks upon the Thames and the house of our legislators. They are smaller than those attached to most of the other hospitals, low pitched and inelegant, and constructed, one would imagine, with a special view to diverting the attention of the students from the lecturer by means of an ingenious system of torture. It was not to be expected that a presiding genius who could not spare out of the common fund the means to provide resident medical officers with sitting rooms would so far consider the comfort of the rising medical generation as to initiate a reasonable reform, and provide a student a seat with a rest for the back; but to make him sit upright for an hour at a stretch on a plank no more than eight inches in breadth, is calculated so far to destroy bodily and mental comfort as to spoil the effect of the best of lectures. On the other hand, the influences which have presided over the development of accommodation for operators and their spectators appear to have been the subject of an excess of formative activity which has resulted in the production of a "supernumerary part." The visitor will be surprised to find, not one only, but *two* operating theatres of vast dimensions, situated within a few yards of each other. We shall perhaps hardly be credited when we state that one of these is designed for operations on the male, the other for those on the female, subject; and that when the surgeons have exercised their skill on patients of one sex in the one, there ensues a stampede of staff and students, visitors and attendants, who in course of time resume their places and duties in the other. This highly entertaining proceeding entailed, on the first operating day of the session, a delay of just half an hour, much to the edification of a number of visitors who were present. The large assemblage of students exhibited, it should be observed, an amount of cheerful patience which spoke volumes for their endurance. For ourselves, however, we have come to the conclusion that the custom is not worth perpetuating; and, unless the treasurer has reason to apprehend that a structure consecrated to operations on women will be shocked out of its sense of propriety by witnessing the partial unclothing of the male form divine, and *vice versâ*, we would suggest that, instead of compelling some two hundred people, whose time and energies have a certain value, thus to migrate from one theatre to another, it would be well to have the patients of one or other sex carried a few yards further down the corridor.

FISSION OF RED BLOOD-CORPUSCLES.

DR. LASCHKEWITSCH of Charkow places on record, in the last part (Heft iii.) of Stricker's *Medizinische Jahrbücher*, a case of Addison's disease in which he obtained the remarkable phenomenon of fission of red blood-corpuscles. The patient was forty-five years of age, very anæmic, and suffered from considerable debility, with headache, palpitation of the heart, and dyspnœa. The size of the spleen, as ascertained by percussion, was somewhat increased, and there was a little sibilant rhonchus in different parts of the chest, but few other indications of disease. The patient had been perfectly well up to a year previously, when he suddenly fell ill with

vomiting and diarrhœa. He became very feeble, and several similar attacks occurred in the course of the year, his memory at the same time failing. On examining the blood-corpuscles under the microscope, they appeared paler and larger (flatter) than usual; and he observed that they changed their form whilst under examination. They presented biscuit, club, and vermiform shapes; thrust out one or more processes and again withdrew them; constrictions occurred, and ultimately portions separated off entirely. The addition of a little weak acetic acid considerably accelerated the rapidity with which these changes took place. Finding these relations interesting, he experimented on the corpuscles with heat and electricity; but neither these nor the addition of quinia produced any alteration in the phenomena witnessed. He was able to obtain Teichmann's crystals from the blood, but they were few in number, small, and pale. In the course of three months the bronzing of the skin of the face, neck, and hands became well marked.

Fission of the red corpuscles has been noted by Friedrich as occurring in a case of leucæmia.

THE DEGREE OF M.D. IN LONDON.

IT is desirable to know the sources of the degrees of Doctor throughout the country; but this knowledge could only be obtained by a very tedious process. We have attempted a less difficult task, the results of which may illustrate the case of the country at large. We have been at the trouble to note the source of the degrees of the Doctors of Medicine practising in London, as given in Churchill's Directory for the year 1871. We do not answer, of course, for the perfect accuracy of the conclusions, but the following may be taken as a roughly correct account of the facts, which are of considerable interest. The description of the University is that given in the Directory. There are 3294 medical practitioners in London, or, to speak more accurately, the Directory gives the names of 3294 persons as possessed of medical qualifications. The general summary concerning the M.D. is this—that there are in London 982 persons possessed of the degree of Doctor of Medicine, and that the degree was got from some British university in 851 cases, from a Colonial in 6, from a university of the United States in 31, from Havana in 1, from one of Germany in 78, of France in 18, of Italy in 9, of Austria in 2, of Brussels in 3, of Leyden in 2.

The particular degrees, of which in all there are 1001, are as follows:—

English: Oxford 20, Cambridge 34, London 116, Durham 2, Archbishop of Canterbury 6; total 178.

Scotch: Edinburgh 204, St. Andrews 301, Aberdeen 100, Glasgow 53; total 658.

Irish: Dublin (T.C.) 7, Queen's 8; total 15.

Canada (Lower): Montreal 3. (Upper): Toronto 2. Total 5.

The Mauritius, 1.

United States: New York 10, Brooklyn 4, Philadelphia 5, United States (*sic*) 1, Vermont 1, Pittafield 1, Massachusetts 2, Albany 2, Pennsylvania 2, Washington 1, St. Louis 1, Geneva 1; total 31.

Havana, 1.

France: Paris 17, University of France (*sic*) 1; total 18.

Germany: Berlin 12, Munich 3, Bonn 2, Heidelberg 9, Gottingen 3, Giessen 17, Erlangen 24, Wurzburgh 1, Tubingen 1, Leipsic 2, Jena 4, Rostock 1; total 79.

Vienna, 2.

Italy: Pisa 4, Pavia 3, Padua 1, Ferrara 1; total 9.

Brussels, 3. Leyden, 2. St. Petersburg, 1.

Of *doctors with more than one degree* there are, in London, 16. Of these, 1 has four degrees, respectively from Paris 1848, Quito 1851, Weimar 1853, and St. Andrews 1857. 1 has three degrees, respectively from Edinburgh 1821, T. C. Dublin 1827, and Oxon. 1828. 14 have two degrees—viz., one from Edinburgh 1839, Cambridge 1852; one from Edinburgh 1829, Cambridge 1840; one from Paris 1841, Mexico 1844; one from Edinburgh 1820, and St. Petersburg; one from Heidelberg 1833, and Edinburgh 1854; one from New York 1847, and T. C. Dublin 1867, both honorary; one from St. Andrews 1846, Durham 1859; one from Dublin 1862, Cambridge 1867; one from Albany 1848, Giessen 1851; one from New York 1833, Giessen 1843; one from Berlin 1831, Paris 1833; one from St. Andrews 1845, Cambridge 1863; one from London 1848, and Dublin 1867 (hon.); one from Bologna and Pisa 1826.

PHYSIC AND FANATICISM IN CHINA.

To conciliate a man's convictions through his stomach is a well-known device; but it is only in China that people are suspected of making proselytes through the chylopoetic viscera. In Canton, it seems, the populace have been excited to something like frenzy by the belief that foreigners circulate "Genii powders," with the design of causing illness which they alone can cure, but which they resolutely refrain from curing till the sufferer has embraced Christianity. In some quarters the infuriated mob pulled down missionary meeting-houses or chapels, and in others they posted a placard containing "public resolutions for the expulsion of the devils, and the strict prohibition of proselytism." The prefect has had to order the agents of the Canton Medical Mission to leave the province at once, and so avert an *esclandre*. In Fohkien, inflammatory statements are published that foreigners are in the habit of distributing pills charged with a poisonous powder which when taken causes the abdomen and feet to swell, and ultimately induces death. At Foochow, an unfortunate sailor suspected (of course unjustly) of dropping this powder into the wells, narrowly escaped being torn to pieces by the mob, and was sent to her Majesty's consul. Then it was rumoured that the Custom House had just received a large packet of pills from Amoy; but as these turned out to be only pills for use by opium-smokers to assist them in breaking off the habit, the excitement, at one time serious, subsided. The advice of the magistrate of that sea-port to the mob is so sensible as to deserve more than a passing notice. He told his subjects to take medicine only from the hands of a physician, to whom they should go if they were sick, and not to buy it of the first hawker they met, for an imaginary illness. On the contrary, they should arrest anyone offering such medicine, so as to lead to his condign chastisement. There are Christians nearer home to whom this advice is not a whit less needful than to the "heathen Chinee!"

THE PLYMPTON BOARD OF GUARDIANS AND SMALL-POX.

AT a recent meeting of the Plympton Board of Guardians a resolution was passed, expressing their opinion that Mr. Miles was not justified in sending a patient labouring under small-pox into the workhouse infectious ward, he not being a pauper, and Mr. Miles not having previously consulted the medical officer of the workhouse on the subject. We have been requested to publish this resolution, but we think it most unfair to Mr. Miles, who only did his duty in sending any patient who, in his judgment, could not be properly isolated in the village to the ward which ought to have been properly arranged for the safe treatment of such cases. The Board of Guardians are the sanitary authority of the district. They had expended several hundred pounds in the erection of an infectious ward, and they must have

a very low estimate of their responsibilities if they suppose that it was to be used only for pauper patients, when by putting in an independent person they might possibly protect the whole locality from an outbreak of small-pox. It was no fault of either Mr. Miles or the medical officer of the workhouse that the ward was totally unfit for securing isolation, or that the disease spread in consequence to the inmates of the workhouse.

It would, of course, have been better that Mr. Miles should have communicated with the medical officer of the workhouse, as the result might have been that the deficiencies of the infectious ward would have led to the treatment of the case elsewhere; but this neglect was certainly pardonable, considering that the object was clearly to prevent the spread of the disease. Moreover, Mr. Miles offered an apology on the spot.

The whole affair comes of ignorance as to the conditions necessary for the construction of infectious wards, and it is lamentable that guardians should be allowed to expend the public money on buildings which are utterly unfit for the purposes for which they are intended.

RELAPSING FEVER IN LIVERPOOL.

DR. TRENCH reports that relapsing fever has begun to show itself rather smartly in the lower and impoverished portions of the town. From the parish returns it would seem that the disease has never really ceased. Throughout the year the admissions to the Fever Hospital have been rarely less than 50 per week. During the month of September the number of patients under treatment increased from 120 to 155, and the admissions in the week from 50 to 71. During the weeks ending October 7th and 14th the numbers of admissions were 95 and 68, and the number of patients under treatment at the latter date was 162.

The disease prevails especially in houses having unoccupied cellars, and in courts, many of which have been improved at the expense of the corporation, as, for instance, Addison-street and Melton-street. Dr. Trench says something more potent than inspection is required. We venture to suggest gunpowder. We think his proposal to employ gold extravagant, and that the public will refuse to help the owners of these unhealthy dwellings to fill up their cellars, especially as it is by no means certain that the proposed remedy will do more than mitigate the evil. We are glad to find that the feeling as to sanitary matters in Liverpool has been improved by the discussions which have taken place at learned societies and in the public press. We hope that, in the forthcoming municipal elections, this improved feeling will be made manifest in the return of members to the corporation pledged to the adoption of an adequate system of sewer ventilation, and to the immediate execution of the valuable suggestions of Drs. Parkes and Sanderson.

THE ROTUNDO LYING-IN HOSPITAL.

WHEN students or members of the profession bring accusations against our leading hospitals with any degree of explicitness, we feel it due to the profession and the hospital accused to give publicity to the complaints, as the best way of having them either removed or refuted. It was only in this spirit that we lately published letters reflecting somewhat on the great lying-in hospital of Dublin, in the reputation of which we all feel an interest. The profession can now judge for itself how far the complaints made are reasonable. For ourselves, we must confess to feeling that the Master did not very satisfactorily answer the dissatisfied pupils, or succeed in showing that the advantages of the hospital correspond with the representations made in the prospectus. The number of beds available for purposes of public teaching is much less than that set forth, and the accommodation for pupils is not such as it is stated to be, so that two gentlemen have often to sleep in one room. One complaint of "Intern's" is not so intelligible to us—viz., that he was not allowed to examine a case of craniotomy which he had been attending all day. But more clinical instruction might be given, it seems to us, without injury to the patients. We are able to testify to the courtesy and ability of the chief nurse, and to the readiness with which her advice and assistance are given to pupils. We believe this hospital, with all its faults, the best school of midwifery in Britain, and it is with a view to its perfection that we criticise its management.

INSPECTION OF DISTRICT MEDICAL RELIEF.

IT appears to us extremely desirable that a special inspection should be instituted by the Local Government Board as to the general arrangements and administration of Poor-law medical relief. The statements on the subject in the last Report of the Poor-law Board are much too general to be of real use, and many important questions are altogether unnoticed; as, for instance, the kinds of drugs and medical appliances supplied to the sick poor, the sufficiency of the surgeries and waiting-rooms, the employment of apprentices, and the length of time occupied by the medical officers in the discharge of their duties. Some curious arrangements would probably come to light. Dr. Mackintosh, of Portsmouth, stated that he recently visited the so-called surgery of one of the parish medical officers of that town. There were three black bottles in a dark cupboard of an empty room. One of these bottles was empty, and out of the remaining two was supplied the medicine for a population of 14,000 souls. Such an example may be rare, but it is sufficient to justify official notice. Indeed, nothing but publicity is necessary to put an end to a mode of doing parish work which we fear is too common, but which would be condemned by all right-minded people. If the medical officer were made to fulfil his contract to supply really satisfactory attendance and the best drugs, he would not be so ready to attend huge populations at unremunerative rates.

THE MEDICAL CONGRESS AT ROME.

ON the 15th, in the large hall of the Roman College, or Liceo Reale, the congress of Italian medical men—the fifth of the kind in Italy, and the first in Rome—was opened by an address from Dr. Ratti, president of the Roman Committee. Papers of a scientific and practical tenor followed, among which we may mention the Cavaliere Caggiati's, "On the teaching of medicine in Italy"; Dr. Castiglioni's, "On the social evil"; Professor Volpe's, "On the necessity of establishing veterinary surgeries in different parts of Italy"; and Dr. Borgiatti's, "On the utility of a general tariff of medicine and surgery in Italy." After the reading of each paper, an interested and animated discussion took place. Among the questions submitted to the deliberation of the congress were several which have been lately agitated by ourselves; as, for instance, "Ought not a chair of sanitary science to be founded at the Universities?" "Ought not teachers in private and public schools to be compelled to give instruction in the science of health?" "Ought the Government to recognise the Medical Congress as a moral body?" A detailed report of the proceedings may be expected shortly; but, from the summary already received, we may be allowed to congratulate the Congress on having worthily kept up its character in the City of Lancisi.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

THE Council of this Society have issued an address stating that the publication of the usual annual report has been delayed in consequence of the lengthened indisposition of Dr. Rogers. The expenditure of the Association has been exceptionally heavy, owing to the circulation of the last report amongst the 4000 members of the Poor-law service. The Council request that all arrears of subscriptions (only 5s. per annum) be forwarded to Mr. J. Wickham Barnes, of Gower-street. The Council urge upon members the importance of exerting their personal influence to obtain an accession to the ranks of the Association, because it is *certain* that legislation materially affecting the interests of the Poor-law medical service will form part of the proceedings of the next session of Parliament. It is announced that Mr. Corrance, M.P., has a Bill in course of elaboration, and a hope is expressed that every endeavour will be used to promote its success.

The Council, with the view of simplifying the accounts, have decided that the financial year shall, in future, date from the 1st of January instead of the 1st of August, as heretofore.

FEMALE MEDICAL STUDENTS AT EDINBURGH.

ON Saturday, the 21st inst., the Senatus Academicus of the University of Edinburgh had under consideration the case of the lady medical students who, having paid the examination fees, were at first prohibited from coming up for examination, and were finally examined by Professor Balfour under protest. Opinions in support of the ladies were submitted from the Lord Advocate and Mr. Patrick Fraser. After a long discussion, it was decided that no further difficulties should be placed in the way of the ladies as regards either matriculation or preliminary examination. The question of the strictly professional studies, however, remains unsettled; accordingly, to-day (Friday), at a meeting of the Edinburgh University Council, Dr. Alex. Wood will move—

"That, in the opinion of this Council, the University authorities have, by published resolutions, induced women to commence the study of medicine at the University; that these women, having prosecuted their studies to a certain length, are prevented from completing them for want of adequate provision being made for their instruction; that this Council, without again producing any opinion on the advisability of women studying medicine, do represent to the University Court, that, after what the Senatus and Court have already done, they are at least bound in honour and justice to render it possible for those women who have already commenced their studies to complete them."

This is precisely the ground we have always taken up on the matter; and we hope that the General Council of the University will, by the adoption of Dr. Alexander Wood's motion, put an end to a controversy which has redounded so little to the credit of that school.

THE ROYAL ALBERT ASYLUM FOR IDIOTS AND IMBECILES.

WE have received the annual report of this institution, from which it appears that the asylum has been established at Lancaster for the reception of idiots and imbeciles belonging to the seven northern counties, and is designed to accommodate 300 male and 200 female patients. The site comprises sixty-seven acres; the style of the building is gothic, and its cost will amount to about £50,000. The asylum is not intended for epileptic, paralytic, or insane persons, nor for those who are incurably hydrocephalic; and idocy complicated with blindness or deafness will also be a disqualification. Free patients are to be admitted for seven years by the votes of subscribers at periodical elections, and whose friends are proved to be unable to meet any payment, and paying patients will be admitted by the Central Committee without limit as to time. The Lunacy Commissioners have made one official visit to the building. Their report is very favourable, and it concludes by recording that "the progress made in organising the institution, and its present condition and management, reflect great credit upon the committee, and Dr. Shuttleworth, as superintendent."

CONDURANGO.

WE have received from Mr. Davidson, the house-surgeon of the Middlesex Hospital, a short paper on the treatment of cancer by the internal administration of the decoction of condurango. The results plainly show that condurango is as futile as any of the cancer cures which have preceded it. It was used in four cases—(1) in an ulcerated epithelioma of the roof of the mouth; (2) in primary cancer of the penis, and secondary injection of the lymphatic glands in both groins; (3) in an ulcerated epithelioma of the scrotum; (4) in an ulcerated scirrhus of the female breast. In all of these cases the condurango had positively *no effect* upon the progress of the disease.

ANÆMIA—the bequest of her six months' siege—still makes itself felt in the sick- and death-rates of Paris. The lack of solid nutriment, and the consequent consumption of excessive quantities of alcohol and tobacco during that terrible interval, with the excitement and anxiety that prevailed during the Communist *régime*, more than explain the phenomenon, which is now engaging much of the thought of Parisian physicians. Otherwise the health of the city has improved. Internal affections have decreased during the last fortnight—fever, bronchitis, and diarrhœa, showing a decided diminution.

DR. JOHN DOUGLAS SCOFFERN, "in consideration of his voluntary and courageous presence at the advanced posts of the 1st Silesian Jägers (battalion No. 5) during the entire investment of Paris, and his uninterrupted solicitude for and care of wounded, at the constant peril of his life," has received from the Emperor of Germany, at the request of the Imperial Prince, the Order of the Iron Cross with white and black riband.

ON Thursday, the 19th inst., Professor Wyville Thomson, of the Queen's College, Belfast, was presented with a testimonial, consisting of four splendid dessert stands and centre and a handsome claret-jug, on the occasion of his removal to the chair of Natural History in the University of Edinburgh. The Mayor presided, and Dr. P. Redfern, the Professor of Anatomy, read the address.

A NEW publication, bearing the title of "Food, Air, and Water," and edited by Dr. Hassall, is announced. The first number will appear on Thursday next. The object in view is to refute some of the many errors and misstatements which, either from design or ignorance, are so constantly being propagated to the deception and alarm of the public.

REMEMBERING the ill reports of the sanitary condition of Whitehaven which at one time were so common, it is satisfactory to learn that the town is "almost, if not entirely," free from typhus or typhoid fever; and that its general health is, and has been for some time, good.

FOR the Lord Rectorship of Glasgow University, the Liberal party have brought forward Mr. Ruskin, and the Conservative, Mr. Disraeli, as candidates. The contest is likely to be a close one.

ACCORDING to the *Yorkshire Post*, an epidemic of small-pox is at present raging in Wakefield. The number of cases had increased from 29 to 53 in less than a week, and several had proved fatal. The authorities are fully alive to the emergency, the Committee of the local board meeting every day to receive reports from, and consult with, the medical officers of the town.

THE Derby county magistrates have unanimously voted a retiring allowance of £500 per annum to Dr. Hitchman, who retires after twenty years' service from the post of superintendent of the County Asylum. The superannuation allowance is granted jointly to Dr. and Mrs. Hitchman; and great regret is felt at the cessation of their valuable services.

AT a meeting of the Edinburgh University Court on the 20th inst., applications by W. Mitchell Banks, M.D., lecturer on anatomy, Liverpool, and J. Campbell Brown, Sc.D., lecturer on chemistry, Liverpool, for recognition of their lectures as qualifying for graduation in medicine in the University, were granted.

ON Wednesday last a new hospital for Dudley was opened in the presence of a large concourse of spectators by the Countess Dudley. The cost is about £50,000; of this sum, £2000 was a bequest by the late Mr. Guest, the remainder having been given by Earl Dudley.

Two British ships have arrived in the Thames during the past week, from Shanghai and Calcutta respectively, with scurvy on board, and Mr. Harry Leach has been directed by the Marine Department of the Board of Trade to institute official inquiries in both cases.

IT is stated on authority that Sir Charles Mordaunt contemplates further proceedings—Lady Mordaunt having been discharged as sane from the physicians with whom she was placed, and being now under the roof of her father, Sir Thomas Moncrieffe.

DR. FREAR, one of the leading physicians in Chicago, has not, as was at first dreaded, been suffocated in the fire. He lives to lend his valuable services to the relief of the suffering survivors of one of the most terrible visitations on record.

DR. C. H. FAGGE, of Guy's, was, at a special board meeting on the 19th, elected medical adviser to the London and Westminster Bank, in the room of the late Mr. Solly.

MR. HOLMES COOTE, we are glad to learn, has so far recovered from his illness, induced by overwork, as to be able to resume his ordinary duties.

THE HAMPSTEAD HOSPITAL INQUIRY.

ON Friday, the 20th inst., this inquiry was resumed.

The Chief Commissioner said that on the first and second charges in *The Times* the court had had evidence enough; as to the others, some more depositions might, with advantage, be taken.

Mr. Williams said that, the other side having occupied seventeen days with the case, he was bound, in justice to his clients, to make an equally elaborate rejoinder.

Evidence of a detailed kind was given during the next few days in favour of the management of the hospital, rebutting the charges made in *The Times*, and the depositions by which they were supported. We think it unnecessary to particularise the evidence.

Correspondence.

"Audi alteram partem."

THE ELIMINATION HYPOTHESIS.

To the Editor of THE LANCET.

SIR,—I will not say that Dr. Johnson apparently means to caricature my address at Leeds; I shall prefer to suppose that he felt my address was scarcely worth reading carefully, still less worth a fair reply. But, although I will grant this, I must contend at the same time that under such circumstances it were better not to reply at all. Fortunately, Dr. Johnson has, in the honesty of his heart, quoted more of my words than were convenient for his argument, and I might, therefore, let the matter stand were it not that some of my readers think it better for me to endeavour to put it in a clearer light. Dr. Johnson and the large and influential school which he represents seem to me, and to many others, to say what amounts to this—that in the specific fevers a "morbid poison" is swallowed or otherwise received into the system, and that this would kill the patient were it not that nature endeavours, by some special effort, to expel or eliminate the poison *as such* from the body. If this is a "caricature" of Dr. Johnson's views I heartily regret it, and will make any amend in my power; at the same time, however, bringing forward paragraph upon paragraph from the writings of himself and others to prove that my error was not without excuse. In contesting this view I hold that there is no "effort of nature" to eliminate poisons as such and as being dangerous to life. I say, and illustrate by an analogy which Dr. Johnson quotes, that all and any substances taken into the body tend to issue therefrom only in virtue of the proper motions of such of the fluids as move from within outwards, and, as regards themselves, in virtue of their physical properties, crystallinity and the like, of their chemical properties, solubility and the like, and perhaps of their affinities for vital molecules, as seen in the contrasted movements of those compounds which cling to certain nervous tissues, and other peculiar molecular aggregates*. The illustration I used was taken from the behaviour of a bit of dirt in the wheels of a watch, which runs a good chance of working its way out again in obedience to its own weight and to the movements of the machinery for other purposes, and not in obedience to any supposed regulative principle or "effort" in watches, which aims intelligently at preserving their purity. Now I must really go so far as to ask if it is fair to represent this argument of mine as one which "denies the elimination of all poisons," the word elimination here being used in the mere sense of escape. Dr. Johnson adds: "Does Dr. Allbutt fail to see that iodide of potassium—itself a poison in large doses—quickens the elimination of lead by the very process the existence of which he denies—namely, by being ejected through the kidneys, and carrying with it a portion of the metallic poison?" I am scarcely likely to have failed to see the very point of my own argument—namely, that the salt escapes simply by virtue of its physical and chemical properties, and in no way in proportion to, or in the character of, its properties as a poison. A thief in a house may be "eliminated," in Dr. Johnson's sense, because he has entered into combination with the silver teapot, and slips off accordingly; or, on the other hand, he may be eliminated simply for his qualities as a dangerous character, by the summary process of kicking him over the door-stone. I will not be too tenacious on a point of verbal usage, but I venture to think my use of the word eliminate in the sense of active ejection is more correct than its use in the sense of simple escape. Whether my use or the other be correct is less important at present than that some meaning should be decided upon and held. It is very unfair, at any rate, to use the word in two senses, and to take advantage of both.

I am, Sir, yours, &c.,

T. CLIFFORD ALLBUTT.

Park-square, Leeds, October 23, 1871.

* Vide Experiments of Crum Brown and Fraser; the relation of iron to red corpuscles, of phosphorus and sulphur to albuminoids, and so forth.

THE LATE OUTBREAK OF CHOLERA AT SECUNDERABAD.

To the Editor of THE LANCET.

SIR,—Permit me to suggest that an explanation of the mysterious outbreak of cholera at Secunderabad, referred to in your issue of the 14th inst., might possibly be found by an inquiry regarding the locality from which the sand used for filtering the drinking water was obtained. The arrangements for filtering the drinking water of the troops are extremely rude and unsatisfactory. Their earthen vessels, each capable of holding from two to three gallons, are placed one above another on a wooden triped stand. The topmost vessel contains the water to be filtered, the second some wood-charcoal and sand, and the third, or lowest, serves as the receptacle for the filtered water. In a regiment there are about fifty or sixty filters at work of the above description. The sand, which usually weighs from three to four pounds, is ordinarily obtained from the dry bed of the nearest watercourse, and rarely undergoes any process of purification before being placed in the filters.

As the dry beds of streams are constantly resorted to by natives for purposes of nature, sand obtained from this source is very apt to be contaminated. I have repeatedly found sand that I took up in my hand from the bed of a stream near a native town most offensive in smell. A cholera evacuation deposited on sand, owing to its being colourless, gives no obvious signs of its presence. I cannot but suspect that the outbreak at Secunderabad was caused by sand so contaminated. I have elsewhere given reasons for believing that the terrible outbreak in the Lahore Lunatic Asylum had a similar mode of origin. The reports of the water analysts show that in a very large proportion of cases the water filtered in the way described is much more impure than the original water previous to filtration. In my own hospital some years ago I was horrified to find by mere accident the filthy condition of the sand through which water was being filtered for the sick. With such a rude, retail system of filtration, the management of which is necessarily left to a great extent to natives, it is next to impossible to guard against accidents. It is curious to observe that the native detachment that succeeded the Hussars in the occupation of the barracks where the outbreak occurred at Secunderabad were not attacked. Hence it is probable the fault did not lie in the barracks. Native troops, I ought to say, never drink filtered water.

I have elsewhere so strongly insisted upon the necessity of a radical reform in the mode of supplying troops in India with water that it would be superfluous for me to dwell upon the point here. I will merely say that in this reform rests our only hope of obtaining immunity from cholera epidemics. As regards surface cleanliness there is not a town in England that I have seen which will bear comparison with our military cantonments. The barrack accommodation, too, is I believe better than any other troops in the world enjoy; and as regards drainage, many of the stations which have become notorious for cholera are so dry in their soil and subsoil that nothing will grow in them without artificial irrigation. I have found the subsoil in several of them as dry as snuff at a depth of three or four feet below the surface after the heaviest rain. These and other facts have led me to conclude that reform of the water-supply is the first and most urgent need of Indian cantonments, and until that reform is carried out catastrophes similar to the one at Secunderabad will, I fear, be of even more frequent occurrence than heretofore, as the prevalence of cholera seems steadily to increase with the extension of railway communication.—I am, Sir, your obedient servant,

A. C. C. DE RENZY,
Surgeon-Major.

Kingstown, October, 1871.

HOSPITALS AND YOUNG PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—As a new-comer to London, perhaps some one would tell me what average fee would ensure me some success in the neighbourhood where I have commenced practice, it being understood that I am well up in all branches of my profession. On one side of a bridge hard by is a hospital that receives all comers for nothing at all, and on the opposite side is another hospital at the same price, each doing their thousands; a neighbouring practitioner gives his advice, medicine, &c., for one shilling a week, at a private dispensary; besides these there is a large public dispensary which charges the same as the hospitals. Most of the doctors keep open shops, where they give advice gratis (these, I suppose, are men of fortune?). The tradespeople, I find, require more material prices, so that these immaterial charges will not suit my case; therefore it is I seek, through your obliging correspondents, some hint from those of larger experience.—I am, Sir, yours,

October 19th, 1871. EX NIHILO NIHIL FIT.

THE CHOLERA.

THE following statistics are the latest as regards the prevalence of cholera:—

At St. Petersburg, on Sept. 6th, the total number of cases under treatment amounted to 106; and there were on

	New Cases.	Recoveries.	Deaths.
Sept. 6th	12	15	4
„ 7th	7	2	1
„ 8th	15	13	8
„ 9th	12	7	7
„ 10th	9	7	4
„ 11th	9	7	2
„ 12th	7	5	4
„ 13th	5	6	7
„ 14th	7	4	4
„ 15th	1	—	4
„ 16th	2	6	5
„ 17th	3	4	—
„ 18th	5	6	—
„ 19th	4	14	2
„ 21st	4	6	0
„ 22nd	1	3	4
„ 23rd	6	6	0
„ 24th	2	3	2
„ 25th	4	4	1
„ 26th	3	5	5
„ 27th	0	0	0
„ 28th	1	2	0
„ 29th	2	3	1
„ 30th	3	3	1
Oct. 1st	1	3	0
„ 4th	1	3	0

20 cases were under treatment on Oct. 5th.

At Königsberg there occurred on

	Cases.	Deaths.
Sept 23rd	12	5
„ 24th	3	1
„ 25th	11	12
„ 26th	8	4
„ 27th	7	6
„ 28th	5	5
„ 29th	5	3
„ 30th	6	2
Oct. 1st	3	2
„ 2nd	3	8
„ 4th	3	2
„ 5th	2	0
„ 6th	1	1
„ 7th	2	1
„ 9th	0	1

In the city of Constantinople the disease appears to be on the increase, the number of deaths between Sept. 26th and Oct. 1st being stated to have been 136.

In Dantzig cholera is reported to have assumed a sporadic form. The statistics between Aug. 1st and Oct. 4th are—cases, 60; recoveries, 14; deaths, 46.

Between the 1st of August and 4th of October 107 deaths are stated to have occurred in the town of Elbing.

MISS EMILY FAITHFULL has commenced a series of lectures on elocution at her new residence, 50, Norfolk-square, Hyde-park. We hear that she has been very successful with pupils suffering from weak chests, as well as from indistinct articulation.

Obituary.

DR. CHRISTIAN.

IT is with great regret that we have to announce the death of this well-known member of our profession and most estimable gentleman. A native of Ireland, and educated in Dublin, he ultimately chose London as his field of practice, and settled in Brompton, where he in course of time formed the nucleus of what subsequently became a very extensive practice. Dr. Christian for some years was associated with the Royal Humane Society as its medical officer, and consequently by that means his name was well known to the public. He was an excellent type of the high-class general practitioner of the metropolis, and no man more worthily sustained the character of his profession than did Dr. Christian. Possessing the prominent qualities of his countrymen, and those, too, of the most pleasing kind, he was at the same time calm, quiet, and dignified in his bearing, and thus, professionally and socially, he was one of the most delightful men it was possible to meet with, either at the sick bed or in the social circle. It is needless, then, to say that he had attached to himself a large number of friends who admired his honesty and kindliness of heart, and he was immensely beloved by those who had experienced his professional ministrations. Dr. Christian's illness was of brief duration. He was seized with apoplexy whilst talking to a relative and patient, and from whose house he could not be removed. He was little beyond the prime of life, and in the very height of his usefulness, when he was thus suddenly removed.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At the ordinary quarterly meeting of the College on the 26th inst., the following gentlemen, having passed the required examination, were admitted Members:—

Cook, John, M.D. Edin., Upper Wimpole-street.
Glynn, Thomas R., M.R. Lond., Rodney-street, Liverpool.
Payne, Edwin, M.D. St. And., Selhurst-road, South Norwood.
Squire, William, Orchard-street, Portman-square.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Oct. 19th:—

Carey, Richard John, Northampton.
Kindon, Joseph, Croydon.
Robinson, Edmund, Leeds.
Wall, William Barrow, Wedmore, Somerset.

COLLEGE OF PHYSICIANS, IRELAND.—At examinations held on the 10th, 11th, and 12th inst., the following gentlemen obtained the licences in Medicine and Midwifery:—

MEDICINE.—Frederick Adolphus Ernest Barnardo, Henry Thompson Cox, Patrick Freebern Gavin, William Robert Hughes, Nicholas Skottowe Smith, Sydney Richard Smyth.

MIDWIFERY.—Frederick Barnardo, Henry T. Cox, Patrick Freebern Gavin, Wm. Robert Hughes, Richard George O'Flaherty, Nicholas Skottowe Smith, Hatton Smyth, Sydney Richard Smyth.

QUEEN'S UNIVERSITY IN IRELAND.—At examinations lately held the following gentlemen passed the first University examination in Medicine:—

FIRST CLASS.—Robert Clements, Louis Richard Dawson.

SECOND CLASS.—Bartholomew O'Brien.

PASSED.—Archibald Adams, John George Adamson, John Ambrose Ringrose Atkins, J. Batteraby Bailey, Robert T. Beamish, Philip Lambert Benson, William Edward Breton, Terence Brodie, William Brook, John Bryans, Robert Burgess, Robt. Evans Burges, Francis J. Butler, Robert Campbell, Thomas Clarke, John H. Cogan, Nicholas Colahan, George Comyn, John George Collis, J. L. Corbett, Henry Corby, Francis Davis, James Dill, Richard J. Drury, Charles H. Duke, Thomas Duncan, Robt. Eccles, F. Creighton Fitzgerald, Gerald Fitzgerald, John Fleming, Henry Fogerty, Charles Forsythe, Thomas Gallwey, Samuel Gayley, Joseph Gormley, James Graham, Charles Harvey, Richard Heath, William Hickman, John Holland, Wm. Kingston, John Laird, Michael Lawton, Richard Leader, John Leech, Henry Linden, Samuel Lucey, William Lyons, Charles Macauley, Roger Macauley, David M'Caubrey, William M'Gowan, Samuel M'Kee, Patrick Macnamara, Denis M'Donald, Michael Malone, William Mabury, William Molloy, William Moynan, John J. Morris, Robert Munro, Thomas Neville, Patrick O'Connell, Joseph O'Sullivan, Thomas Patterson, William Pearson, Richard Read, James Ring, Robert Roe, St. George Roe, William Rosten, Nashville Ryan, J. Scott, William Skelly, Alex. Smith, Carew Smith, Godfrey Sproule, John Strahan, William Thomson, Robert Tidbury, Michael Walsh, David Whigham, John Wilson, John Forsyght Wilson, Hugh C. Wilson, Thomas B. Whitton.

DR. PROSSER JAMES has been elected a corresponding member of the Academy of Medicine of Lyons.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—At the annual meeting held on the 18th inst., the following office-bearers were elected for the ensuing year:—President: William Walker. Secretary: Dr. James Simson. Treasurer: Dr. John Gairdner. Librarian: Dr. Archibald Inglis. President's Council: Dr. Andrew Wood, Dr. Robert Omond, Dr. James Dunsmure, Dr. James D. Gillespie, James Spence, Dr. Henry D. Littlejohn. Ex-Officio: Dr. John Gairdner.

MR. THOMAS GRIFFITHS, L.S.A.L., of Cloudesley-street, Islington, left home on the evening of the 20th inst., in good health; but while passing down Theberton-street he was seen to fall. He was conveyed into the shop of a baker, and examined by Mr. Henry Osbourne, but life was extinct. At the inquest held on Wednesday by Dr. Lankester, a verdict of "Death from Natural Causes" was returned.

COLLODION TEETH.—It appears, from a review in *L'Union Méd.*, Sept. 27, 1871, of M. Preterre's treatise on the teeth, that an Englishman now makes beautiful teeth with collodion. The latter by evaporation is reduced to thin leaves, which are then dissolved in ether, so as to obtain a kind of paste. This is passed into moulds, subjected to pressure and heat, becomes solid, and soon acquires the hardness of bone and ivory.

VON GRAEFE'S OPHTHALMIC HOSPITAL.—This establishment, the seat of the late von Graefe's valuable labours, and where rich and poor were constantly crowding, has been sold by his heirs, and turned into an hotel. Dr. Evers, however, who was for long time assistant to von Graefe, has founded a hospital of a similar kind in the same street.

Medical Appointments.

ALLEN, H. M., L.R.C.P., L.M., M.R.C.S., has been appointed House-Physician to St. Bartholomew's Hospital.

CAMERON, A., L.R.C.P.Ed., has been appointed Medical Officer for the Epworth District of the Thorne Union, Yorkshire, vice R. W. Cooper, M.R.C.S.E., resigned.

DANSON, C. E. B., M.R.C.S.E., has been appointed Medical Officer for the Pocklington No. 1 District of the Pocklington Union, Yorkshire, vice Hornby, deceased.

DWORTY, P., M.B., L.R.C.S.Ed., late 11th Foot, has been appointed Visiting Medical Attendant to the Cumberland and Westmoreland Convalescent Institution, Silloth, vice J. J. Ellis, L.R.C.S Ed., appointed Medical Officer of the Thingoe Union and the Sudbury Union.

HICKMAN, R., M.R.C.S.E., has been elected a House-Surgeon to the West London Hospital, Hammersmith.

JACKSON, A., L.R.C.P.Ed., L.R.C.S.Ed., has been elected Medical Officer and Public Vaccinator for the Pocklington No. 2 District and the Workhouse of the Pocklington Union, vice C. E. B. Danson, M.R.C.S.E., resigned.

JONES, R. A., M.R.C.S., has been appointed Medical Officer of Health for Carnarvon.

KEMP, R., M.R.C.S.E., has been appointed Medical Officer for the East Ardsley District of the Wakefield Union, vice E. W. Kemp, M.R.C.S.E.

LORRAINE, W. J., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for the Sandal Magna, Walton, and Chevet Districts of the Wakefield Union, vice F. C. Jennings, M.R.C.S.E.

NORTON, R., M.R.C.S.E., has been elected Medical Officer for the St. James District of the City of Bristol, vice C. H. Dowson, L.R.C.P.Ed., M.R.C.S.E., resigned.

PERRY, G. J., M.R.C.S.E., has been appointed Medical Officer for the 4th and 5th (amalgamated) Districts of the Melksham Union, Wilts.

POPHAM, T., L.K.Q.C.P.I., L.R.C.S.I., L.M., has been appointed Medical Attendant to the Royal Irish Constabulary at Cliffoney, and Surgeon to the Coast Guard stationed at Mullaghmore, Co. Sligo.

RIDLEY, J., L.K.Q.C.P.I., L.R.C.S.I., has been appointed an Hon. Medical Officer to the North Dispensary, Liverpool, vice J. W. Irvine, M.D., L.R.C.S.Ed., deceased.

RYDER, F. J., M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for District No. 2 of the Marlborough Union, Wilts, vice A. P. Petman, M.R.C.S.E., resigned.

STONEY, Mr. P. B., late House-Surgeon, has been appointed House-Physician to St. Bartholomew's Hospital, vice C. J. Wharry, M.B., resigned.

THOMAS, D. P., M.R.C.S.E., has been appointed Medical Officer for the Workhouse of the Market Bosworth Union, vice E. F. Turner, M.B., L.R.C.P.L., M.R.C.S.E., resigned.

WARBURTON, E. S., M.R.C.S.E., has been appointed Resident House-Surgeon to the North Dispensary, Liverpool, vice Richard Hughes, M.R.C.S.E., resigned.

WALLIS, A. W., M.R.C.S.E., has been elected Medical Officer to the Shoreditch Industrial Schools, Brentwood, also to the Brentwood District of the Great Eastern Railway Provident Society, and to the Great Warley District of the Romford Union, vice C. Butler, F.R.C.S.E., deceased.

WOODWARD, E., L.R.C.P.Ed. has been appointed Medical Officer for the King's Lynn District of the Great Eastern Railway, and for the East Anglian District of the Great Eastern Railway Provident Society, vice T. M. Kendall, F.R.C.S.E., deceased.

Births, Marriages, and Deaths.

BIRTHS.

AUSTIN.—On the 6th inst., at Linfield, Surrey, the wife of Sydney C. Austin, Surgeon, of a son.

CLARKE.—On the 18th inst., at Duke-street, South Molton, the wife of Francis Edward Clarke, B.A., M.B., of Oughterard, Galway, of a son.

GELL.—On the 12th inst., at Southam, Warwickshire, the wife of Alfred Scott Gell, M.R.C.S.E., of a daughter.

ROBSON.—On the 21st inst., at Iver, Bucks, the wife of F. Hope Robson, M.D., F.R.C.S., of a son.

THORNE.—On the 20th inst., at Seymour-street, Portman-square, the wife of R. Thorne Thorne, M.B., M.R.C.P.L., M.R.C.S.E., of a daughter.

TOLLER.—On the 21st inst., at Wotton, near Gloucester, the wife of E. Toller, M.R.C.S.E., of a son.

MARRIAGES.

ATKINSON—MORLEY.—On the 25th inst., at St. Peter's, Derby, John P. Atkinson, M.D., of Bampton, Oxon, to Mary, second daughter of the late Wm. Morley, Esq., of Brize-Norton, Oxon.

LORRAINE—LAKE.—On the 11th inst, at Trinity Church, Orsett, William James Lorraine, M.R.C.S.E., L.R.C.P.Ed., of Wakefield, to Catherine Mary, fourth daughter of Thos. Lake, Esq., of Flushdyke, near Wakefield.

WIMBERLEY—WETHERFIELD.—On the 20th of Aug., at Martley, Worcester, Frederic Wm. Wimberley, M.R.C.S.E., of Brinklow, near Coventry, second son of the Rev. Conrad Wimberley, Rector of Donington, Lincolnshire, to Emily, fourth daughter of John Wetherfield, M.R.C.S.E., of Henrietta-street, Covent-garden, London.

DEATHS.

GLEN.—On the 20th of Aug., on board the Steamer "Khedive," in the Indian Ocean, James Glen, Civil Surgeon, of Broach, Bombay.

KEMPE.—On the 25th inst., Arthur Kempe, F.R.C.S.E., of Exeter.

KNOTT.—On the 4th inst., E. Knott, M.D., of Castlebar, Co. Mayo, late Surgeon to the County Infirmary.

PEDDIE.—On the 6th inst., at Rutland-street, Edinburgh, T. A. Peddie, Student of Medicine, eldest surviving son of Alex. Peddie, M.D., aged 20.

REED.—On the 16th inst., T. Reed, L.R.C.S.Ed., of Silevroe, Co. Monaghan, aged 65.

SNOOK.—On the 15th inst., John S. Snook, M.R.C.S.E., of Colyton, Devon.

Medical Diary of the Week.

Monday, Oct. 30.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Mr. Victor de Méric, "On a Case of Traumatic Phthisis." — Dr. Alfred Wiltshire, "On Œdema of the Lung following Small-pox."—Mr. F. W. Teevan will exhibit some Instruments. —Mr. John Pennefather, "On the Sense of Hearing (with Illustrations)."

Tuesday, Oct. 31.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

Wednesday, Nov. 1.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 2 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Dr. Rasch, "On a Novel way of Using the Uterine Sound in Flexions of the Uterus."—Mr. Eugene Goddard, "On a Case of Ovariotomy during Pregnancy."—Dr. Conrad (of Pesth), "On Prolapse of the Female Genital Organs."
ROYAL MICROSCOPICAL SOCIETY. — 8 P.M. Dr. Braithwaite, "On Bog Mosses."—Dr. J. L. Woodward, U.S. Army, "On the Scales of Degeeria domestica as seen with Black-ground Illumination."—Mr. W. S. Kent, "On some New Infusoria."

Thursday, Nov. 2.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.

Friday, Nov. 3.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Nov. 4.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

THE SOUTH-WESTERN PROVIDENT DISPENSARY.

THE Committee of this charity are compelled to solicit contributions for its support. Owing to expenses unavoidably incurred by a removal necessitated during the small-pox epidemic, a debt of between £300 and £360 is pressing upon the dispensary, whose funds are at this moment completely exhausted. The sound provident principles on which it is established ought to conciliate the support of all who desire the decrease of pauperisation by "reform in out-door relief," so that the Committee may be able "to redeem their pledge to the poor who have subscribed their weekly pence to the institution to insure help when sick." These subscriptions, it is hardly worth saying, are quite inadequate to the provision of treatment for the majority of the sick, and of the absolutely poor recommended by governors for free relief. The medical staff not only give their services gratuitously, but actually subscribe out of their own pockets to the institution. Here, surely, is a deserving object for the benevolence of an open-handed public! As a beginning, the Baroness Rothschild has promised £5 towards liquidating the debt if nineteen others can be found to subscribe an equal sum.

Hygiene.—1. The water is not fit to drink, if the analytical numbers given are correct.—2. The permanganate test is not perfectly trustworthy.—3. The simple test referred to by a correspondent (whose statement we published, but did not endorse) was the permanganate test.

Chirurgicus.—We hope to publish shortly further particulars of the Lacaze prize.

ETHICS: "PROPERTY IN PATIENTS."

To the Editor of THE LANCET.

SIR,—There was much in the letter of "F.R.C.P." that was reasonable, and I was especially struck with his remark that we are apt to think too much of the sort of property we have in patients. If patients have been happily treated by us, if they are of a gracious nature, and reasonable enough to have tractable and manageable complaints, then the patient is ours by a kind of force. But even the best practitioner is not always happy in his treatment, sometimes because he is less than himself, perhaps by dyspepsia or fatigue. Patients are sometimes, not often, ungracious, and their complaints are occasionally intractable and unyielding; or a long course of sickness occurs and a painful association arises with the practitioner in attendance, who may not be in the least blamed, and a desire for a change arises in the mind of the family. I think the wonder is, not that this occurs occasionally, but that it does not occur oftener, considering the delicacies and difficulties of medical practice.

Well, Sir, I think magnanimity and independence on the part of the practitioner is all that is needed to preserve his own good opinion of the patient who uses his perfectly legitimate freedom of choice, of the practitioner who is called in, and of himself. I am sure that we should often save ourselves from unnecessary soreness and unworthy ill-feeling towards brethren if we made allowance, and considered more the nature of human nature. As a brother practitioner once said to me when I was made uneasy by getting one of his patients, "We must so love freedom ourselves as to wish our patients to be free." It is a common complaint of medical men that another medical man takes their patient. I have as often had to complain that by an iron principle of etiquette I have been occasionally kept in attendance on a case where I should rather it had been otherwise. Nothing can be so base as for a medical man to disparage another medical man, or try to get his patients. Such men must surely be rare in the profession, as they have no right of place in it. But I submit that we should think with a little more independence of patients when they show a disposition to change, or think that they have exhausted our ability to help them. Such a change is often the best means of increasing or restoring a patient's respect for his old and regular attendant. Your obedient servant,

October, 1870. A GENERAL PRACTITIONER.

H. H.—1. An assistant-surgeon of over ten years' service draws, we believe, 451 rupees per month as pay, with 150 extra when in medical charge of a regiment or brigade of artillery.—2. The fee varies from a guinea to two or even three guineas. One guinea per day from the date for which the medical witness is subpœnaed is the ordinary fee. Travelling expenses are not included in this; but lately a consulting member of the profession was paid second-class fare for a long railway journey.

R. S. V. P. will find the information in Carpenter's work, or in one of the standard text-books on Physiology. We do not know of any work specially devoted to the subject.

Enquirer can recover any proper charges on the strength of the qualifications mentioned. The one is medical and the other surgical within the meaning of the Medical Act.

W. N., (Cardigan.)—We are not acquainted with any remedy except epilation.

"DISPAREUNOS."

To the Editor of THE LANCET.

SIR,—Dr. Barnes calls the term "dysparcunia" euphonious. To me it is the most cacophonic sound in medical terminology. As he informs us that this word is to be found in Sophocles, but does not clearly indicate its exact import, will he kindly enlighten the profession as to the passage, as they have some claim to know its meaning prior to acceptance? Doubtless, a term in reference to what he hints would be convenient; hence the necessity of a correct and intelligible one. I write in no carping spirit, regarding Dr. Barnes as one of our most brilliant and practical accoucheurs.

Yours, &c.,

October, 1871. AMPHIBOLOS.

CAUSES OF DEATH IN INDIA.

MUCH of the mortality in our greatest colonial dependency is due to causes for which there are no terms in the nomenclature of the Royal College of Physicians, and for which the Viceroy, in lieu of a remedy, can only prescribe and reward the stamping-out process. The Government *Gazette* of last September publishes the following dreadful record for the three years ending 1869: Killed by wild beasts—Madras, 888; Bombay (exclusive of Scinde, &c.), 148; Bengal, 6741; North-Western Provinces, 2168; Punjab, 310; Oude, 569; Central Provinces, 1347; Coorg, 147; Hyderabad, 129; British Burmah, 107—total, 12,554. Tiger-hunting and even pig-sticking have, therefore, a prophylactic as well as a sporting value. But death by snake-bite numbers more than twice as many victims. Will Professor Halford's "discovery" effect any diminution in such figures as the following? Killed by snakes—Madras, 760; Bombay (exclusive of Scinde, &c.), 588; Bengal, 14,787; North-Western Provinces, 2474; Punjab, 1064; Oude, 3782; Central Provinces, 1961; Coorg, not given; Hyderabad, 226; British Burmah, 22—total, 25,664.

Dr. Campbell Black requests us to state that "the theory of Dr. Day, of Geelong, regarding the arrest of small-pox, was advanced regarding *all* specific suppuration by Dr. Black, both in his pamphlet and in the papers in THE LANCET for 1866."

M. Jukes Styrap.—Unfortunately the paper has not been kept.

PROVIDENT DISPENSARIES.

To the Editor of THE LANCET.

SIR,—Fully agreeing with your excellent remarks on the out-patient department of our hospitals, infirmaries, and dispensaries, I venture to ask for a small space in THE LANCET to lay before your readers a view, somewhat different from your own, of the so-called "provident" scheme now put forth by the Medical Sub-committee of the harity Organisation Society.

The rules as settled by the sub-committee having been sent to me by Dr. Ford Anderson for my opinion, I replied to him in the following terms:—

"I see that the main outlines of your scheme are opposed to what I consider to be correct principles of mutual insurance, and therefore that the term 'provident' cannot be correctly applied to any dispensary established on your principles.

"1. I believe that the first object of those poor who desire to provide for themselves should be to insure for sick-pay, drugs, restoratives, and other appliances in sickness, and that one of the last things they should attempt is to pay the doctor. I object, therefore, to the mode in which you charge your expenses upon the two funds.

"2. The scale of insurance payments should, as in well-ordered 'Provident Societies,' be proportioned to the liability of each member to sickness and to the cost of the benefit insured for.

"3. I do not understand why children, who are more liable to sickness, should be admitted on lower terms, except on the hypothesis that the institution is a *charitable* and *not* a *provident* one.

"4. I believe that the working classes are capable of managing the affairs of their own Provident Societies, and that to commit the management of these institutions to honorary subscribers will not promote the independence of the members. The attempt to secure a preponderance of influence to the honorary subscribers in the management I believe to be a great mistake.

"5. If, owing to the complex nature of the institution, a class of honorary subscribers be deemed advisable, in aid of the funds and the management, their contributions ought to be applied, *honestly and openly*, to make up the premiums of children of large families, and of other members who cannot afford to pay according to their *real* liability.

"6. Perhaps the most objectionable of all your principles is the attempt to limit and confine the members in their choice of medical attendants, by constituting a *select medical staff*, chosen by a committee—potentially one of honorary subscribers.

In this way you will maintain the great curse of the present medical-charity system—*patronage*. It is, I think, a farce to admit the labouring classes to insure for medical attendance, and then to dictate to them the names of those doctors whom they are to employ. *Every* legally qualified medical man should be at liberty to attach himself to *every* such dispensary. If he does not like the remuneration, he need not undertake the office. Absolute freedom of choice for the members, so far as that is compatible with perfect liberty of action for the profession, should be an inviolable principle of any such institution. If any member wishes to send to a distance for a doctor willing to attend, a *mileage* tariff should be sanctioned and enforced by the rules of the institution. This would be a sufficient check on unreasonable demands.

"7. The remuneration for each doctor should be in proportion to the number and gravity of the cases which he has attended, instead of being *a mere appropriation of the insurance premiums*, as proposed in your rules.

"And, of course, the insurance premiums would have to be calculated so as to meet the liabilities of the fund, the surplus, if any, belonging to the members."

I informed Dr. Ford Anderson that I might publish the preceding remarks.

I am, Sir, your obedient servant,

October, 1871. AN OLD DISPENSARY REFORMER.

IF *Mr. Wm. Date* (Crewkerne) will forward his MS., it shall have our attention. We need not add that room is more easily found for short papers than for long ones. Will our correspondent append his address to the paper, with the request contained in his communication of the 20th?

Sundon.—J. and A. Churchill are the publishers of Sir John Forbes's work on Mesmerism, which may still be bought.

BENZOIN IN AFFECTIONS OF THE RESPIRATORY ORGANS.

To the Editor of THE LANCET.

SIR,—In answer to "F.R.C.S.," as to the mode of causing benzoin to mix with water, I beg to suggest that a very valuable, elegant, and soluble form can be obtained either by dissolving the benzoic acid in liquor potassæ, or by making an alkaline tincture of benzoin with spirits of wine, to which a little liquor potassæ has been added.

Yours, &c.,

October, 1871. S. L. G.

Parchment.—Our correspondent will do well to use his own judgment in the matter rather than to be guided by ours. Everything depends on local and personal circumstances, of which he must be the best judge. We will give him only one hint, not to allow his correct prognosis to have much effect on his charges. This is a great virtue in a practitioner; but the reward for it comes in reputation, and comes surely.

A Non-Professional will, on reflection, see that THE LANCET is not meant for the discussion of abstruse subjects in pathology with non-professional readers.

EQUITY.

To the Editor of THE LANCET.

SIR,—As you have thought fit, on hearing Mr. Hochee's version of the matter at issue between us, to conclude that I have misstated the facts, I must request that you will allow me a reply.

In the first place, I adhere to my former statement, which is true in every particular, and in corroboration of which I send you copies of two letters from Dr. Easton—the first to Mr. Hochee, offering him the introduction; the other to me, affirming that, on accepting the proffered offer, Mr. Hochee omitted to mention the fact of my being his successor here. So far for my being "careful as to facts."

Now as to the "captiousness" with which I am taxed. If Mr. Hochee is at liberty to practise in this district as he did before the transfer to me, the question arises in return, For what consideration has he received so large a sum of money as a year's purchase and a fourth of my income? I maintain that so long as I continue to pay him a share of my gross receipts for the privilege of practising here in his stead, he is in *honour* bound, before taking patients in this district, to acquaint them that I am his representative here, and thus give them the option of engaging me, more especially when the patients are new-comers, and are unacquainted with either of us. It is unjust for him to act as he has done in this instance, as if no transfer had ever taken place, and I therefore have great cause to complain.

It is quite clear that the lady whom Mr. Hochee has very adroitly imported into the question had nothing to do in the matter beyond being ready to receive any medical man introduced by Dr. Easton; still more then was it the duty of Mr. Hochee to have nominated me for the introduction, which, by his own showing, he accepted with still greater "alacrity" than I stated. He correctly quotes that portion of the agreement which I (as correctly) summarised in my letter of the 2nd inst., and which clause was, of course, allowed by me to be inserted for the benefit of persons who might *prefer* Mr. Hochee's services to mine. But there is another provision therein which he seems entirely to have overlooked—viz.: "The said James Hochee shall and will forthwith after the execution hereof inform his patients at Church End, Finchley, aforesaid, that he has disposed of his practice at Church End, Finchley, to the said Alfred Wright, and will upon the request of the said Alf ed Wright introduce him, the said Alfred Wright, to his patients there." This, I submit, is very significant, showing that it was intended that every facility should be afforded me by him for obtaining patients in this district. In this case I deny that he has done so.

However, this is not a question of law, but one of honourable dealing; and so far from Mr. Hochee having disposed of the charge brought by me, he has, by ignoring my claims, "violated the spirit, if not the letter, of his agreement."

I am, Sir, yours obediently,

Church End, Finchley, Oct. 23rd, 1871. ALFRED WRIGHT.

[COPY.]

20, Connaught-square, Aug. 16th, 1871.

DEAR SIR,—I shall be very glad to have an opportunity of seeing you with reference to a patient of mine who has recently gone to reside in your neighbourhood; and if you will kindly let me know at what hour after 2.30 you will be at home on Friday, I will arrange to call upon you. I may mention that my friend Mr. B——, of —— —— street, has recommended me to place my patient in your hands.

Very faithfully yours,

JOHN EASTON.

P.S.—I suppose you are not far from the East End station, as I should probably go by rail.

Jas. Hochee, Esq.

[COPY.]

20, Connaught-square, Sept. 7th, 1871.

SIR,—My patient, Mrs. M——, being at too great a distance for me to undertake her regular medical attendance, I asked my friend B——, who has relatives at Finchley, to recommend me a medical man there. He mentioned Mr. Hochee's name to me, and I introduced him, as you are aware, to Mrs. M——.

I heard nothing of any agreement between yourself and Mr. Hochee, and did not know you were in practice at Finchley.

I am, Sir, faithfully yours,

Alfred Wright, Esq. JOHN EASTON.

To the Editor of THE LANCET.

SIR,—I am not in the least concerned in the dispute between Dr. Wright and Mr. Hochee, both of Finchley; but having carefully read the correspondence in THE LANCET, I am sure that in your comments upon the matter you have wronged Dr. Wright, and, if you will kindly allow it, I will tell you why I think so.

Before accepting new or old patients who lived in the district of Church End, Mr. Hochee ought to have been quite sure that they knew he had sold his practice there to Dr. Wright.

In the case before us, Dr. Wright and Dr. Easton affirm that Mr. Hochee said nothing at all about Dr. Wright being his successor. Here he was wrong. His agreement implies that he should be at liberty to attend in Church End only those patients who knew he had sold his practice to Dr. Wright, and who, notwithstanding, wished for himself, and not all and everyone who might come there, and send for him without knowing of Dr. Wright's existence, as in this particular case. His neglecting this precaution exposes Mr. Hochee to all that Dr. Wright charges him with.

I may never come across either of these gentlemen; but if I do, I shall offer Dr. Wright my sympathy, both as regards the treatment he seems to have received from Mr. Hochee, and as regards your rather severe remarks.

I am, Sir, your obedient servant,

King's College, Oct. 24th, 1871. FAIR PLAY.

*** We could only form our opinion from the facts before us. We gladly insert the above letters, and are quite willing to reconsider our verdict, but cannot in fairness do so until Mr. Hochee has had an opportunity of replying.—ED. L.

MEDICAL CHARITIES OF CUMBERLAND AND WESTMORLAND.

SOME facts relative to the operations of the five principal medical charities of Cumberland and Westmorland have been lately published in the *Whitehaven News*. It appears that last year 1055 in-patients and 7315 out-patients were treated by the five institutions, at a total cost of £4210 13*s.* 11*d.* At the Carlisle Dispensary, 3821 out-patients were treated, at an average cost per case of 1*s.* 8½*d.*, which is shown to be from 2*d.* to 3*d.* per case lower than the corresponding cost at the Leeds and Bloomsbury Dispensaries, and 2*s.* 7*d.* cheaper than the per-case cost at the York Dispensary. The cost of the in-patients at the Cumberland Infirmary is set down as averaging £4 per case; at the Whitehaven Infirmary, £3 18*s.* 3*d.*; at the Silloth Convalescent Institution, £2 2*s.* 3*d.*; and at the Carlisle Fever Hospital, £7 1*s.* 10*d.* The *News* deduces from the facts here quoted the inference that the five institutions of the two counties are worked at as small an expense as is compatible with efficiency. We learn that these medical charities have realised altogether £726 17*s.* from the second "Hospital Sunday" in the two counties.

THE communication of *Surgeon-Major Ross* on the "Sanitary Victory at Calcutta" shall appear in our next impression.

THE MEDICAL DIRECTORY AND FOREIGN DEGREES.

To the Editor of THE LANCET.

SIR,—A recent announcement of the editors of the Medical Directory, though favourably commented on by yourself in a passing note, has scarcely attracted the attention which its importance deserves. They state that "no qualifications will be inserted in the forthcoming edition which cannot be registered under the Medical Act," alleging as their reason for such decision the increase shown by their returns in the number of foreign degrees obtained without residence; that is to say, nominally by examination, but really by purchase. Now, while cordially sympathising with them in their desire to maintain the trustworthiness of the Directory, and deploring the tendency of legally-qualified practitioners to dilute their legal qualifications by admixture of foreign degrees of a questionable examinational value, it seems to me that on this account to decide to omit from the Directory all mention of medical academical distinctions, simply because they are not British, however genuine in character, and however long they may have appeared in successive editions in association with the names of their possessors, is a line of action not altogether justifiable by the circumstances of the case. The editors of the Directory, not having thought proper (for reasons best known to themselves) to bring their list of qualifications into harmony with those appearing in the columns of the Medical Register at the time of its first publication, are, I think, themselves responsible for the accumulation of foreign titles, of which they now seek to divest their pages, and it is an eminently shabby proceeding (to say the least), after a lapse of twelve years, to come to a *retrospective* decision of this sort. Of course it would be quite legitimate for them to refuse, after due notice, the insertion of any non-registerable qualifications sent to them for the *first* time; but suddenly to disestablish a vested interest which they have themselves created, and so to subject to much annoyance from public misconception legally-qualified practitioners, whom they have themselves, perhaps for many years, accredited with foreign *medical distinctions* (for they are in no sense *qualifications* to practise), is certainly not equitable. I do not here enter upon the larger question as to the desirability of *legal* recognition of foreign degrees of an invariably genuine character, such as those of Paris, Berlin, Brussels, and Heidelberg. This must be settled by the long talked of Medical Amendment Act; but, meanwhile, it is somewhat premature for the editors of the Directory to arrogate to themselves an authority of so retrospective and sweeping a character.

I am, Sir, your obedient servant,
A REGISTERED PRACTITIONER AND FOREIGN
October 10th, 1871. GRADUATE.

O. M.—It is beyond our power to forward private answers. Why does not our correspondent take the advice of some medical man in whom he has confidence?

Mr. Wm. Seth Gill.—The conduct in question does seem both peculiar and uncourteous, though it looks as if some meddlesome relative had unnecessarily interfered, and thrown two practitioners into a false position.

SMALL-POX DURING PREGNANCY.

To the Editor of THE LANCET.

SIR,—You will probably think the following cases sufficiently interesting to give them a place in THE LANCET.

CASE 1.—Margaret H——, aged eighteen, had a severe attack of variola discreta in April last. At that time she was six months gone in the family-way. She did well, and made a good recovery, no untoward circumstance having supervened. I attended her in her confinement at the full time, when she was delivered of a strong male child, healthy, and without blemish. When the child was two months old I vaccinated it; but the operation took no effect. I quite expected this negative result, thinking it probable that the child must have taken small-pox *in utero*. To make assurance doubly sure, however, I repeated the operation very carefully with plenty of recent lymph; and, contrary to my expectation, I find to-day that the vaccination is perfectly successful, the arm showing a beautiful and characteristic vesicle, yielding a copious supply of lymph.

This case clearly proves that a pregnant woman may have a severe attack of small-pox without communicating the disease to the fœtus *in utero*.

CASE 2.—During the epidemic of small-pox which has prevailed in Maryport since March last, I attended another woman, aged about thirty, married, and pregnant of her second child, suffering from confluent small-pox. She was expecting to be confined any day, having been near her full time. Labour set in on the third day of the eruption at three A.M., and was easily and naturally completed in one hour. The child was born alive, but died half an hour after its birth. It showed no trace of any eruption on the skin. The small-pox poison most likely precipitated the labour, and caused the death of the child. The woman made a good recovery, and is now well and strong. Yours obediently,
Maryport, October 10th, 1871. JOHN CREBAR, L.R.C.P.E., &c.

ANOTHER FASTING GIRL.

FASTING girls appear to have been nearly as common as blackberries ever since the unfortunate Welsh child started into prominence. We took the trouble on that occasion to express our opinion on the subject of all such cases of miraculous fasting, and events unhappily proved the correctness of the views entertained by most people possessed of common sense, to say nothing of physiological knowledge. *A Guardian* writes to assure us of the existence of another fasting girl. He says that in the parish of Chillesford, near Woodbridge, Suffolk, there lives a girl, aged sixteen, who has not tasted any food for 28 weeks and more, and has not taken liquid of any kind, not even water, for more than 16 weeks.

B. A., (Aberdeen.)—The work can be obtained of the publishers, Messrs. Longman, through any local bookseller.

A SUGGESTION FOR AURISTS.

To the Editor of THE LANCET.

SIR,—In Dr. Tyndall's excellent Lectures on Sound, there is a very interesting description of the refraction of sonorous undulations by means of a collodion balloon filled with carbonic acid, or some other gas heavier than common air.

The form of the balloon, or "sound-lens," is spherical, and it is suspended by a loop to a horizontal arm, sliding upon an upright column with a firm circular base. In the lecture referred to—namely, the first of the course—the Doctor says: "I now hang up my watch close to the lens, beyond which, and at a distance of four or five feet from the lens, I place my ear, assisted by a small glass funnel. By moving my head about, I soon discover a position in which the ticking is particularly loud. This, in fact, is the focus of the lens. If I move my ear from this focus, the intensity of the sound falls. The lens, in fact, enables me to hear the ticks distinctly when they are perfectly inaudible to the unaided ear."

My object, however, in calling attention to this beautiful acoustic arrangement is to suggest its practical application to cases of partial deafness; for, as the ticks of a watch may be thus concentrated at the distance of several feet from their origin, so, too, by this simple and inexpensive little instrument, placed upon a table or other suitable support, vocal sounds might, I conceive, be conveyed to the ear of the deaf with greatly increased intensity, and might consequently be rendered audible. The speaker would only be required to give utterance to his words close to and behind the "sound-lens," and the hearer to sit at a certain distance on the opposite side corresponding with the focus of the lens. Such an instrument would, I think, be far more convenient to use, and much more agreeable both to the hearer and speaker, than the ordinary ear-trumpet; the distant refraction of sound being thus elegantly substituted for its close and too often inefficient reflection.

Hoping that some of the numerous forms of deafness coming under professional notice may be aided by my humble suggestion,
I am, Sir, your obedient servant,
Mildmay-road, Stoke Newington, Oct. 20th, 1871. W. H. OTLEY.

Dr. J. B. Dixon, of the Philadelphia Medical and Eclectic College, U.S., should transfer his indignation to the *Philadelphia Evening Bulletin*, from which we quoted, which is likely, our correspondent's ire notwithstanding, to be well informed and unprejudiced as to the merits of the Philadelphian degrees.

Mr. P. J. Moloney.—It would be a rash inference to suppose that every breast with a retracted nipple is doomed to cancer. A diseased breast is, however, more liable to disease than one which has performed its normal function.

PLACENTA PRÆVIA.

To the Editor of THE LANCET.

SIR,—As reports of complicated labours often appear in THE LANCET, if you think the following of any interest please insert it.

In the month of June I was informed at 5 A.M. that Martha R——, who was seven months pregnant, had some symptoms of approaching labour, but should be called upon when necessary. At 11 A.M. I was summoned to visit the patient, who I found had profuse flooding. I made an examination, with the result of finding the placenta entirely detached, lying in the vagina, and on further examination I detected a foot and hand presenting. I at once seized the foot, and during an intermission of pain I turned and got both feet down, with a speedy termination of the labour; the flooding at once ceasing, and my patient making an excellent recovery. She was a stout woman, about 5 feet 1 inch in height, weighing 12 stones; and so great was the muscular resistance that I had to change hands more than once before the version was properly performed. I have turned in numerous cases from different causes, but never before had I experienced such an amount of resistance or difficulty. I may here state that chloroform was not administered, being a few miles from home, and having none with me. I was, in fact, owing to the great hæmorrhage, compelled to act at once.

I am, Sir, yours truly,
J. C. B. SMALLMAN, M.D., &c.
Willingham, Gainsboro', Oct. 16th, 1871.

Probe.—The surgeon must be the best judge of his own value; but we should say from 50 to 70 guineas would be both fair and reasonable under the circumstances.

A M.D.—We have already answered our correspondent's first query. We have heard nothing of an examination for the Indian Medical Service in February.

ASSURANCE AGAINST SICKNESS.

To the Editor of THE LANCET.

SIR,—Could you or any other member of the profession inform me whether I can insure in any Office for a sum, say from £3 to £3 a week, in case of illness, the result of accident or otherwise? I would readily subscribe to any trustworthy Office if I could only hear of one ready to accept a stated sum per annum, which would in return grant a weekly allowance in case of sickness. I am, Sir, yours truly,
October 16th, 1871. PRECAUTION.

VACCINATION AT LEEDS.

THE Report of the Vaccination Inspector for the township of Leeds for the quarter ended 30th September shows that out of 420 children born in the first three months of the year, and 30 other children found unvaccinated on 1st July, 338 were vaccinated during the quarter, 63 died before vaccination, 29 were removed elsewhere, 3 were found insusceptible, 26 were unfitted for the operation by sickness, and in one instance vaccination was refused. The proportions of deaths before vaccination, and of postponement on account of sickness, were unusually high, owing to the prevalence of diarrhœa among young children in the township. Only 5 fatal cases of small-pox occurred during the quarter, making altogether 11 fatal cases since the beginning of the year—a result which stands in remarkable contrast with the experience of our other large towns for the same period of time.

MEDICAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—Mr. Delamark Freeman, of 20, Talbot-road, W., took charge of my practice, as a friend and neighbour, from August 1st to September 6th, there being a mutual understanding that I was to do the same for him on my return. Everything apparently progressed satisfactorily during my absence; but on my return I found a letter from one of my patients, Mrs. S——, whom I had attended for some months, and who had been sent to him by my pupil during my absence, saying she wished Mr. Freeman to continue to attend her. I saw Mr. Freeman the morning after my return, and told him he could not consistently do so. I called on Mrs. S—— twice the same day, and was told, on each occasion, that she was out. I called again the following morning, when she refused to see me. Subsequently I saw her daughter, who is between twenty and thirty years of age. She said how much annoyed she was at the way in which her mother had acted towards me; but she blamed Mr. Freeman quite as much as her mother, and could not understand such conduct on the part of one professional man towards another. Colonel S——, a friend of Mrs. S——'s, afterwards called upon me, and said how perfectly satisfied all her friends were with the manner in which she was progressing whilst under my care, and how dissatisfied they were with her present state and Mr. Freeman's treatment, he allowing her to take whatever she liked; but that unfortunately they could not compel her to have anyone but whom she had made up her mind to have, and suggested that I should send in my account at once. I understand that Mr. Freeman has been in constant attendance on her since that date

He attended, during her confinement, Mrs. C——, the wife of a medical man in the Indian medical service, for me on Sept. 2nd. He visited her daily till my return. I called upon him early on Thursday morning, Sept. 7th, thanked him for all his kindness, and said that I would not further trouble him, and wrote down, *whilst in his consulting-room*, a list of the patients I would call upon that day, Mrs. C——'s name amongst the number. I saw her on the Thursday and Friday, and on the Saturday morning, prior to my intended visit, I received a note from one of her sisters-in-law, saying that she wished Mr. Freeman to continue to attend her, and also that Mr. Freeman understood that he was to continue his visits. I was much surprised, as I had attended her during several months before her confinement. I called upon Mr. Freeman at once, and said that he ought not to continue his attendance. I subsequently called and saw Miss C——, who went up to her sister-in-law, and on her return said she still persisted in wishing to have Mr. Freeman, as she did not see the necessity for two medical men to be visiting her daily. On my asking what was meant by that, Miss C—— informed me that Mr. Freeman had called each day since my return. This was entirely without my knowledge. On subsequent inquiry I found he continued to attend Mrs. C——.

Mr. Freeman attended Mrs. M——, the daughter of a medical man, for me on Sept. 3rd. At his last visit on Sept. 6th he told Mrs. M—— I was returning home that day, and asked her whether she would require him to visit her any more. She replied in the negative. He afterwards said, "Supposing you are confined again, shall you have Dr. Royston to attend you?" Both she and the nurse were much struck with surprise at the question.

Whilst attending one of my patients, Mr. Freeman prescribed for and attended her mother, which circumstance he did not mention to me after my return, and which I found out quite accidentally.

When asked about another patient who had been sent to him by my pupil, and whose name he omitted from his list, he professed not to know she was my patient.

When asked by me for the prescriptions of the medicines sent during my absence, he prevaricated in every possible way.

I append two letters I have written to Mr. Freeman, from whom I have received no answer. I am, Sir, yours obediently,

October, 1870. CHARLES ROYSTON.

1, St. Stephen's-crescent, Oct. 20th, 1871.

DEAR SIR,—May I request that you will give me some explanation respecting the following statements made to me.

1st. That you have been in constant attendance on Mrs. S—— since my return home.

2nd. That you visited Mrs. C—— at —— —— on the two days following my return home, although I called upon you early on the morning after my return, thanking you for your kindness during my absence, and making, at your house, a list of the patients I would visit that day; as also that you have been constantly attending Mrs. C—— since that date.

3rd. That you asked Mrs. M—— at your last visit to her whether she would require to see you again after my return, when she answered in the negative; and subsequently asking her whether, if she were confined again, she would have me to attend her. I cannot help thinking there must be a mistake somewhere, and shall be glad to have your version of the circumstances alluded to. The matter is one so vitally affecting the honour and welfare of the profession, that I am sure you will see the importance of clearing up any doubts that may exist respecting it. An early answer will oblige. I am, dear Sir, yours truly,

Delamark Freeman, Esq. CHARLES ROYSTON.

1, St. Stephen's-crescent, Westbourne-park, Oct. 23rd, 1871.

DEAR SIR,—Not having heard from you in reply to my letter of Friday last, the 20th instant, I presume you have no answer. If you have, I must beg you will let me have it at once, as I intend to bring the matter under the notice of the profession. Yours truly,

Delamark Freeman, Esq., 20, Talbot-road. CHARLES ROYSTON.

Cubic Space.—There are some objections to the method of obtaining the supply of fresh air from openings close to the floor of a room or ward, one of them being the draught and cold produced. At the same time we are disposed to agree with our correspondent in thinking that there are circumstances in which it may be done with advantage, provided, of course, the supply of air from this source be supplementary only to that obtained by other methods, and perfectly under control. In hot weather, when we cannot have too much air, such openings may be very useful. In infectious wards, again, where we desire to flush the apartment with air, we can direct a strong current beneath the beds and along the floor, and it may be desirable to do this periodically, or whenever the ward happens to be empty. Our correspondent may consult Prof. Parkes's Manual of Practical Hygiene with advantage as to his remaining inquiries.

Mr. J. Sinclair Morrice.—Vaccination districts are arranged without much reference to union districts, on the principle of supplying a sufficient number of cases to the public vaccinator.

ACCIDENT ASSURANCE COMPANIES AND THEIR MEDICAL EXAMINERS.

To the Editor of THE LANCET.

SIR,—I see by a correspondence in your journal of the 7th instant that some unpleasantness has arisen between two practitioners at Cerne, in consequence of one of them being appointed medical examiner for the Railway Accidental Insurance Company. I mention one of several cases which have occurred to me.

A patient of mine had been into Devonshire shooting, and, returning to the station in a carriage, was thrown out, and dislocated his shoulder. He went at once to Mr. Mackenzie, of Tiverton, who reduced the dislocation, and he returned to Yeovil the same night. I saw him, and he placed himself under my care. Mr. Mackenzie signed his certificate, and I did also. My patient sent in his own declaration of the accident at the same time with a certificate from a friend who was riding with him and witnessed the accident. In the face of this, the medical examiner of the Company calls on my patient, *without communicating with me.* He is admitted, and asked by the patient if he can tell by looking at the arm if it has been dislocated. He says "No, but he will take his word for it." My patient tells him he has already sent in a certificate of the accident, which, of course, was, in his opinion, quite sufficient, and the farce ended by the medical examiner making his bow.

I need not comment on this case. It speaks for itself.

Yours truly,

Yeovil, Oct. 16th, 1871. W. F. TOMKYNS.

Machaon.—The question is one which has been often discussed, but hitherto with unsatisfactory results. We may, however, have occasion to refer to it again.

OWING to the pressure on our columns, we are most reluctantly compelled to postpone the insertion of communications from our various foreign correspondents.

ERRATUM.—In Dr. Campbell Black's communication last week on "Suppuration," for "a certain class of remedies possessing in common *little* therapeutical properties," read "*like* therapeutical properties."

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Playfair; Mr. Holmes Coote; Dr. Wilks; Mr. Burchell; Mr. Westerton, Kensington; Mr. Tate, Liverpool; Mr. Reeves; Mr. Moore, Bedford; Mr. George, Odiham; Mr. Roberts; Dr. Attygalla, Tangalla; Mr. Simpson, Cheam; Mr. Jones, Carnarvon; Dr. P'Anson, Newcastle; Dr. Allen; Dr. Barder, Bristol; Mr. Meadows, Otley; Mr. Croxton; Mr. Milne; Mr. W. Scrivener, Horley; Mr. Chater; Dr. Johnston; Dr. Jules Crevaux, Brest; Mr. Gray; Mr. Pelham; Mr. Crosby, Edinburgh; Mr. Dalgleish, Sutton; Mr. White, Corwen; Mr. Donald, Carlisle; Dr. Atkinson, Bampton; Mr. Fielding, Douglas; Mr. Williams, Dawlish; Mr. Dawson, Bristol; Mr. R. Fairlie, Holbeach; Mr. Creasy, Chatham; Mr. J. Davys, Lanark; Mr. Huxley, Jersey; Mr. Toller, Wolton; Mr. Davidson; Mr. Swinton, Uppingham; Mr. Wharton; Dr. Dale, Crewkerne; Dr. Lister; Mr. Douglas, Merthyr; Mr. Lavy, Douglas; Mr. Lee, Folkestone; Mr. Locke, Dundee; Mr. Baily, Crewkerne; Mr. Gregory; Mr. Freeman, Latchford; Mr. Marshall, Sudbury; Mr. Ricketts; Mr. Watson; Mr. Robertson; Mr. Bennett, Builth; Dr. Seymour; Mr. Coates, Salisbury; Dr. Lorraine; Dr. Young, Yarm; Mr. Archer; Mr. Hobley; Mr. Jackson; Mr. Sanders; Dr. Richardson, Philadelphia; Mr. Jessopp; Dr. Kenny, Killeshandra; Dr. S. Gill; Mr. Lagg; Mr. Atkins; Mr. Cooke; Mr. Park; Mr. Walford; Mr. Turner; Dr. Thompson, Leamington; Mr. Blandford; Mr. J. T. C. Ross, Budleigh; Mr. Clarke, Wallingford; Mr. Wallis, Brentwood; Mr. Richmond, Gloucester; Mr. Batho, Thirsk; Mr. Boswell, Northampton; Mr. Greaves; Mr. Swann; Mr. E. Johnson, Wigton; Dr. Hayward; Mr. Merriman; Dr. Haas, Christiania; Mr. Evans; Mr. Forster; Mr. Thurman, Rochford; Dr. Molony, Waterbeach; Dr. Jeaffreson; Mr. Haston; Dr. Albutt, Leeds; Mr. Austin, Lingfield; Mr. Otley, Stoke Newington; Mr. Gill, Southam; Dr. Dixon; Dr. Popham; Dr. Campbell Black; Mr. Green; Mr. Crerar, Maryport; Mr. Johnson, Shifnal; Dr. Hobson; Miss Faithfull; S. L. G.; M.D.; Hygiene; Constant Reader; Non-professional; M.B.; A Subscriber and an Englishman; A Governor; H. H.; Sagittarius; Z.; Union Medical Officer; Anti-Humbug; An Old Dispensary Reformer; R. S. V. P.; &c. &c.

North Devon Herald, Southampton Times, North Wales Chronicle, Leicester Journal, Yorkshire Post, Durham Chronicle, North Londoner, Whitehaven News, Bedfordshire Mercury, Sunday Times, Alliance News, North British Daily Mail, Leeds Mercury, Scarborough Gazette, Bedfordshire Mercury, New York Medical World, Portsmouth Times, Parochial Critic, Glasgow Herald, and *George Town* (Demerara) *Watchman* have been received.